

Historic, Archive Document

Do not assume content reflects current scientific knowledge, policies, or practices.



United States
Department of
Agriculture

Science and
Education

Administrative
Services
Division

January 12, 1983

Occupational Health Maintenance Program Procedures

MANUAL 235.1

ARC964
.033
Copy 2

NATIONAL

AGRICULTURAL



LIBRARY

REFERENC
SUMMARY
ABBREVIA
FORMS
PROCEDUR

page

1

1

1

2

Sel ed Employees

2

Sel l Tests

3

Rec shment of Medical
Monitoring Services from a Local Provider

4

Data Submission, Interpretation, Communication,
and the Overall Procedures for Operating the OHMP

5

EXHIBITS

- 1 Medical Reference Matrix
- 2 Medical Reference Addendum
- 3 Sample Statement of work for the Establishment of a Multiphasic Medical Services Contract
- 4 ARS-182A (Privacy Act Notification/Voluntary Enrollment Form)
- 5 ARS-182B (Enrollee Exposure Information/Medical Instructions Form)
- 6 ARS-182C (Occupational Medical Questionnaire)
- 7 ARS-182D (Physical Examination Form)

MANUAL

235.1

ORIGINATING OFFICE: Administrative Services Division Safety and Health Program Management Branch	SUBJECT: Occupational Health Maintenance Program Procedures
DISTRIBUTION: Headquarters, Regions, Areas/Centers, and Locations	

A REFERENCE

For policy, responsibilities, and definitions regarding the occupational health maintenance of employees potentially exposed to toxic substances in the work environment, see DIRECTIVE 235.1.

B SUMMARY

- 1 This MANUAL contains detailed procedures regarding the establishment and administration of a comprehensive Occupational Health Maintenance Program (OHMP). The procedures outlined in this MANUAL include:
 - a Selection Criteria for Authorized Employees.
 - b Selection of Appropriate Medical Tests.
 - c Recommendations for the Establishment of Medical Monitoring Services From a Local Provider.
 - d Data Submission, Interpretation, Communication, and the Overall Procedures for Operating the OHMP.
- 2 Also included are Exhibits which provide:
 - a A Medical Reference Addendum to be consulted for additional guidance when selecting required medical tests.
 - b A sample Statement of Work which may be used to develop a contract for medical services. The use of this Statement of Work to obtain these services through a competitively awarded contract is optional.
 - c Samples of all the forms listed in Section D.

C ABBREVIATIONS

- AO - Administrative Officer
- CFR - Code of Federal Regulations
- OHMP - Occupational Health Maintenance Program
- PEL - Permissible Exposure Level
- SHIPMB - Safety and Health Program Management Branch,
Administrative Services Division

D FORMS

- ARS-182A, Occupational Health Maintenance Program - Privacy Act Notification/Voluntary Enrollment Form
- ARS-182B, Occupational Health Maintenance Program - Enrollee Exposure Information/Medical Instructions Form
- ARS-182C, Occupational Health Maintenance Program - Occupational/Medical Questionnaire
- ARS-182D, Occupational Health Maintenance Program - Physical Examination Form

E PROCEDURES

1 Selection Criteria for Authorized Employees.

The selection of eligible enrollees for the OHMP (i.e., the accurate definition of the "Authorized Employee") is an issue which routinely poses a significant dilemma to those individuals designated to administer Location-level programs. Although it is impossible to establish selection criteria which provide adequate guidance in all cases, the following rules should apply in most instances. Assistance from the SHPMB is encouraged for individual cases involving more nebulous circumstances.

Employees who must always be provided the opportunity to participate in the OHMP are:

- . Those who work with toxic agents (any amount) on a daily basis.
- . Those who apply pesticides.
- . All maintenance personnel.
- . Those who work with toxic agents on an infrequent basis, but use sufficient quantities capable of exceeding the Occupational Safety and Health Administration PEL's listed in 29 CFR 1910.1000.

The last criterion is the most complex rule to apply, because it takes into account factors such as the relative toxicity of the material (i.e., less toxic materials will generally have higher PEL's and vice versa), the nature of the workplace (e.g., generation rates, available ventilation, room size), potential exposure duration on a daily basis, and a myriad of other complicating factors. The SHPMB Industrial Hygienists are available for consultation and advice regarding some of these decisions [the S&E Industrial Hygiene Program is described in DIRECTIVE 235.2].

E PROCEDURES (Continued)

2 Selection of Appropriate Medical Tests.

The selection of appropriate medical screening procedures which will identify work-related illnesses in employee populations is frequently a "best-estimate" process which is subject to criteria which are continuously changed or modified. Occupational medicine is still in its developmental stages, and its practice occasionally imposes unreasonable and unrealistic demands upon its practitioners.

The determination of the work-relatedness to those diseases or adverse health effects uncovered by medical screening tests is complicated by the fact that occupationally related diseases frequently do not differ in their symptomology from diseases of the general population. Although the diagnosis of chronic lung diseases, liver abnormalities, or cancer can be made quite readily by the examining physician, the determination of the proximate cause(s) of these diseases, and their relationship to potential toxic exposures in the workplace is considerably more difficult; it is frequently impossible. This relationship is dependent upon the history of exposure to a particular agent, the degree and duration of exposure, the efficacy of industrial hygiene controls, and the presence of compounding factors such as smoking and nonwork-related exposures. The determination of work-relatedness, therefore, cannot be made with absolute certainty, and must depend upon the interpretation of these factors by expert occupational medical judgment. Employee exposures not covered herein may be addressed to the SHPMB, ASD, for case-by-case resolution.

The Medical Reference Matrix (Exhibit 1) provides guidance for the following ordering appropriate medical tests for employees. This testing only pertains to chronic (long term) exposures. Acute (single or brief) exposure situations are not referenced and specific treatments are not indicated. The matrix's only function is for selecting appropriate medical tests.

Potential exposures are listed vertically by major headings (e.g., Carcinogens, Hazardous Dusts), and in many areas subdivides these into specific substances for which additional tests are warranted. Across the top, the matrix shows the various tests that can be ordered, and the corresponding blocks within the matrix hold a letter that indicates the frequency of testing in addition to necessary special considerations.

Due to space limitations, only the most common substances are listed in the matrix. The Addendum (Exhibit 2) lists many more specific chemical compounds that the employee is likely to encounter. Whenever a question arises about a potential hazard exposure not listed on the matrix, consult the Addendum.

E PROCEDURES (Continued)

3 Recommendations for the Establishment of Medical Monitoring Services from a Local Provider.

The actual establishment of an OHMP at the Location level is a relatively straightforward process, as follows:

- a The AO obtains an adequate number of ARS-182A enrollment forms from Central Supply, for distribution to authorized employees (see Procedure 1 for guidance regarding enrollee eligibility).
- b The authorized employees read ARS-182A, then sign the appropriate line indicating that they wish to participate or decline. All ARS-182A forms are then sent directly to the occupational medical contractor.
- c Voluntary participants list the specific agents with which they work on ARS-182B, according to the form's requirements.
- d The employee's supervisor is consulted for confirmation of the accuracy and completeness of the information provided.
- e Once verified, the substances listed are checked against the test recommendations contained in the Medical Reference Matrix (Exhibit 1). The appropriate matrix exposure category numbers and the medical instructions are entered on ARS-182B.

When the required medical procedures have been identified, the task has been simply reduced to a procurement action.

Basic medical services vary throughout the nation according to available levels of expertise and costs. Economical services are most often available through a reimbursable agreement with a Government-affiliated provider, such as a Public Health Service Clinic, a Veteran's Administration Hospital, or a military complex.

The cost savings achieved by the use of Federal facilities can, in certain instances, be outweighed by their fairly limited selection of available services. In this case, it is often most advisable to establish a contract for services with a local physician who is affiliated with a clinic. When this option is selected, look first for an occupational physician. If a physician with this particular expertise is unavailable, the second choice is an internist.

Certain Locations have successfully established competitively awarded contracts with medical providers that provide services by multiphasic mobile health vans. The contractor schedules

E PROCEDURES (Continued)

visits by these mobile clinics on a routine basis with a followup visit by an examining physician after the specified laboratory tests are completed. Although this approach requires greater effort to initiate and manage (i.e., scheduling of tests is especially critical), larger facilities and more remote Locations may find that the advantages outweigh the inherent difficulties.

Exhibit 3 provides a sample "Statement of Work" that has been successfully used to establish this type of procurement.

4 Data Submission, Interpretation, Communication, and the Overall Procedures for Operating the OHMP.

The following annotated flow chart provides detailed guidance regarding every step required in the complete operation of the OHMP. The term "contractor" refers to an occupational medical company from whom the ARS receives medical guidance, diagnostic services, and centralized data management. You will be provided with the name and address of the contractor (by electronic mail) shortly after this MANUAL is issued. The critical role of the contractor will become evident as you enter the data generation phase of your OHMP.

a Identify the authorized employee

See Procedure 1: Selection Criteria for Authorized Employees.

b Provide a copy of ARS-182A to each authorized employee.

See Exhibit 4.

c The employee decides to participate or not participate.

The appropriate block on the ARS-182A is signed.

All signed ARS-182A forms are returned to the AO who forwards them directly to the contractor.

d Participating employees fill in the ARS-182B Exposure Information.

Form ARS-182B is shown in Exhibit 5.

The employee may require assistance from the supervisor, from a Location Safety and Health Committee representative, or from the Regional Safety and Health Manager to assure that the information provided accurately represents potential work exposures. The supervisor should review

E PROCEDURES (Continued)

the responses before returning the completed forms to the AO.

- e Select the appropriate medical procedures and mark the medical instructions section of ARS-182B.

Refer to Procedure 2: Selection of Appropriate Medical Tests.

- f Schedule medical testing with local provider and distribute ARS-182C (Medical History Forms) to participating employees.

Refer to Procedure 3: Recommendations for the Establishment of Medical Monitoring Services from a Local Provider.

The ARS-182C form is shown in Exhibit 6. This form should be completed and carried to the examining physician by the employee.

- g The employee undergoes the specified medical tests and procedures.

Effort should be made to schedule laboratory and clinical tests (e.g., audiograms, blood chemistries, urinalyses) prior to the actual hands-on physical examination. Given access to the employee medical history form, and the opportunity and the time to review the lab results in advance, the examining physician's job is made easier. A more thorough examination may be performed.

- h The employee receives the hands-on physical examination.

The examining physician notes findings on ARS-182D (see Exhibit 7).

- i The examining physician signs the examination form and sends all materials (enrollment form, medical history form, lab results, physical examination form) to the contractor.

This is the point where the OHMP will differ significantly from the services that were previously available. The examining physician must forward the materials for the process to function. It is necessary, therefore, that your procurement/agreement with the local providers include the condition that invoices will not be processed until you receive written notification of records being received by the contractor. It is also necessary that your agreement

E PROCEDURES (Continued)

provides a form of reimbursement for mailing costs because official postage-and-fees paid envelopes, cards, and labels cannot be used for this purpose (see DIRECTIVE 263.1).

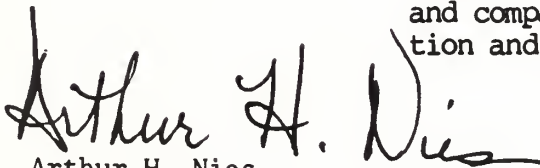
- j The contractor provides you written notice when the medical data are received.

Again, you should not validate any invoices from the local medical service provider, until you have received this notice.

- k The contractor (an occupational medical physician) reviews each employee's medical data as received, and prepares a report of findings and determinations.

The contractor will perform a detailed review of each medical package received and compare this information to previous test results, worker exposure information, and the latest available toxicological data, in an effort to identify health status changes. Following this review, you will receive a report which contains only the information you (as a management representative) should see. That report will identify the employees tested, the tests performed, recommendations for additional tests (if necessary), and anomalies noted for which the attributable cause is work-related. The employee will also receive a personalized copy which documents work-related findings plus any other medically significant findings of a non-work relationship which should nonetheless be brought to the attention of the employee's personal physician by the employee.

The data will then be entered into a secured-access computer system where they will become part of an ARS-wide medical surveillance system. The accumulation of a coded uniform database will then be available for the performance of trend analyses, occupational illness statistics, and comparison studies which will facilitate the recognition and control of health problems throughout the ARS.



Arthur H. Nies
Deputy Director
Administrative Management

EXHIBITS

- 1 Medical Reference Matrix
- 2 Medical Reference Addendum
- 3 Sample Statement of Work for the Establishment of a Multiphasic Medical Services
- 4 ARS-182A
- 5 ARS-182B
- 6 ARS 182C
- 7 ARS-182D

MEDICAL REFERENCE MATRIX

TEST MATRIX EXPOSURE CATEGORY NO.	TEST		Clinical and Work History	Physical Exam	C B C and Indices	Blood Chemistry Screen	Urinalysis	Baseline Serum for Storage	RBC Cholinesterase	Chest X-Ray	Pulmonary Function Tests	Prothrombin Time	Audiogram	Serum/Urine Special Analysis
CARCINOGENS ¹														
Benzene	101	A	A	A ⁵	A	A								
Asbestos	102	A	A	A	A	A				A	A			
Mycotoxins	103	A	A	A	A ⁵	A								
Others ¹	104	A	A	A	A	A								
BIOHAZARDS (See addendum for specific biohazards)		200	A	A	A	A		C						
PESTICIDES ¹ <i>Insecticides - -</i>														
Organophosphates	311	A	A	A	A	A			C					
Carbamates	312	A	A	A	A	A								
Organochlorine	313	A	A	A	A	A		C						
Others ¹	319	A	A	A	A	A								
<i>Herbicides - -</i>														
Chlorophenoxy	321	A	A	A	A ⁵	A				E				
Arsenicals	322	A	A	A ^C	A	A				C	C			A ²
Dipyridyls	323	A	A	A	A	A				C	C			
Others ¹	329	A	A	A	A	A								
<i>Fungicides - -</i>														
Dithiocarbamates	331	A	A	A	A	A								I
Others ¹	339	A	A	A	A	A								I
<i>Rodenticides - -</i>														
Warfarin	341	A	A	A	A	A						A		
Others ¹	349	A	A	A	A	A								
HEAVY METALS ¹		400	A	A	A	A	A			C				B
HAZARDOUS DUSTS ¹		500	A	A	A	A	A			E	B			I
NOISE		600	A	A	A	A	A						A ⁴	
ORGANIC SOLVENTS [†]		700	A	A	A ⁵	A ⁵	A ⁵							
PLANT GROWTH REGULATORS ¹		800	A	A	A	A	A							
FERTILIZERS ¹														
ANH. Ammonia	901	A	A	A	A	A					C			
Others ¹	909	A	A	A	A	A								
PLANT MUTAGENS [†]		1000	A	A	A	A	A							
IONIZING RADIATION -		1100	A	A	A	A	A ³							

KEY:

- A - Annually
- B - Every 2 years
- C - Pre- and Post-exposure.
- E - Baseline and every 5 yrs. if age less than 45, every 2 yrs. if age greater than 45.
- I - As directed by Matrix Addendum.

FOOTNOTES:

- 1 - For appropriate testing of substances not listed in the matrix, see major heading in addendum.
Ex: Carcinogen (maj. head.)
Hydrazine (substance)
- 2 - Urinalysis and Urine Arsenic analysis.
- 3 - Monitor urine radioscope concentration (scintillation)
- 4 - Annual audiometric tests for all personnel whose work areas exceed an action level of 85dBA or for those who demonstrate diminished auditory acuity on physical exam.
- 5 - This test may be part of the routine exam, but special emphasis need be placed on this test because particular occupational exposure can cause changes. (See addendum under appropriate exposure.)

MEDICAL REFERENCE ADDENDUM

Refer to this addendum when additional information for completing the medical instructions portion of the ARS-182B form is necessary. Consult the Matrix for the appropriate Exposure Code Number.

KEY OF ABBREVIATIONS USED IN THE
MEDICAL REFERENCE ADDENDUMType of Insecticide

AT	Attractants
BBD	Botanicals, Bacterials and Derivatives
CAR	Carbamates
FUM	Fumigants
GR	Growth Regulators
MIS	Miscellaneous Compounds
NIT	Nitrophenols and Derivatives
OP	Organophosphates
ORC	Organochlorines
RE	Repellants
SUL	Sulfonates, Sulfides, Sulfones, Sulfonamides, Sulfites

Type of Test

CHEM	Blood Chemistry Screen
CXR	Chest X-Ray
HEM	Hematology (Including Complete Blood Count, Indices, Platelets, and Differential)
PFTS	Pulmonary Function Tests
PPD	Purified Protein Derivative (T.B. Skin Test Only)
RBC	RBC Cholinesterase
SC	Sputum Cytology
SS	Draw Serum Specimen for Storage
STG	Stool Guaiac
UA	Routine Urinalysis
USC	Urine Sediment Cytology

CARCINOGENSSUBSTANCERECOMMENDED TESTS*

ACRYLONITRILE

Special emphasis on CXR, PFTS, SC, and STG.

ASBESTOS

CXR and PFTS.

Recommended that Asbestos workers' CXR be viewed by radiologist.

BENZENE

Special emphasis placed on HEMATOLOGY (HEM). Substance is considered Leukemogenic.

BENZIDINE

Substance is a known carcinogen (urinary). Special emphasis on USC - if red cells or positive smears are seen, cystoscopy should be done at once.

DIETHYLSTILBESTEROL (DES)

Physical examination emphasis on breast and gynecological exams. Lab emphasis on liver function tests.

HYDRAZINE

Potential carcinogen. Special emphasis on SC and USC. Physical exam emphasis on skin, lung, liver, kidney and central nervous system.

MYCOTOXINSAflatoxinsLiver and Renal Function TestsAflatoxin B₁ - most toxic and carcinogenic

Alkaline phosphatase, LDH, SGOT, SGPT total, direct and indirect bilirubin. Blood urea nitrogen (BUN) and Creatinine.

Aflatoxin B₂ - slightly carcinogenic (may convert to B₁)

"

Aflatoxin G₁ - carcinogenic

"

Aflatoxin G₂ - virtually non-carcinogenic

"

Sterigmatocystin

"

*See Key for Abbreviations

BIOHAZARDS

<u>HAZARD</u>	<u>ETIOL. AGENT</u>	<u>RECOMMENDED TESTS(S) *</u>
TUBERCULOSIS	M. Avium	Tuberculin Skin Test (PPD), CXR
	M. Bovis	
HISTOPLASMOSIS	H. Capsulatum	Histoplasmosis Skin Test, CXR

*See Key for Abbreviations

PESTICIDESINSECTICIDES

<u>SUBSTANCE</u>	<u>GENERIC</u>	<u>TYPE*</u>	<u>RECOMMENDED TEST(S)*</u>
ABATE	temephos	OP	RBC
ACARABEN	chlorobenzilate	ORC	SS
ACARALATE	chloropropylate	ORC	SS
ACARITHION	carbophenothion	OP	RBC
ACAROL	bromopropylate	ORC	SS
ACCOOTHION	fenitrothion	OP	RBC
Acephate	none	OP	RBC
ACRICID	binapacryl	NIT	**
Acrylonitrile	none	FUM	CXR, PFTS, SC, STG
ACTELLIC	primiphos-methyl	OP	RBC
AGRISIL	trichloronate	OP	RBC
AGRITOX	trichloronate	OP	RBC
AKTON	none	OP	RBC
Aldicarb	none	CAR	**
Aldicarb Sulfone	none	CAR	**
Aldrin	none	ORC	SS
ALFACRON	none	OP	RBC
ALKRON	parathion	OP	RBC
Allethrin	none	BBD	**
D-trans Allethrin	none	BBD	**
Allyhomologue of Cinetin I	allethrin	BBD	**
ALTOSID	methoprene	GR	**
ALTOZAR	hydroprene	GR	**
AMBUSH	permethrin	BBD	**
Aminocarb	none	CAR	**
Amitraz	none	MIS	**
Amlure	none	AT	**
ANTHIO	formothion	OP	RBC
Arathane	dinocap	NIT	**
Arprocarb	propoxur	CAR	**
Asamethiphos	none	OP	RBC
ASPON	propylthiopyro- phosphate	OP	RBC
ASUNTOL	coumaphos	OP	RBC
Azinphos-ethyl	azinophasethyl	OP	RBC
Azinphos-methyl	azinophosmethyl	OP	RBC
AZODRIN	monocrotophos	OP	RBC
BAAM	amitraz	MIS	**
BACTUR	none	BBD	**
Barthrin	none	BBD	**
BASSA	none	CAR	**
BASUDIN	diazinon	OP	RBC
BAYCID	fenthion	OP	RBC

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

BAYGON	propoxur	CAR	**
BAYRUSIL	none	OP	RBC
BAYTEX	fenthion	OP	RBC
BAYTHION	phoxim	OP	RBC
Bellmark	none	BBD	**
Bendiocarb	none	CAR	**
Benzene hexachlo- ride	none	ORC	SS
Benzomate	none	MIS	**
Benzoxamate	none	MIS	**
BIDRIN	dicotophos	OP	RBC
Binapacryl	none	NIT	**
BIOALLETHRIN	d-trans allethrin	BBD	**
BIOTHION	temephos	OP	RBC
BIRLANE	chlorfenvinphos	OP	RBC
BLACKLEAF 40	nicotine sulfate	BBD	**
Bladafum	sulfotepp	Phosphate ester	**
BLADAN	parathion	OP	RBC
BLADAN M	methylparathion	OP	RBC
BLATTANEX	propoxur	CAR	**
BOLSTAR	sulprofos	OP	RBC
BOMYL	none	OP	RBC
Boric Acid	none	MIS	**
BROMOFUME	ethylene dibromide	FUM	CXR, PFTS, SC, USC, STG
Bromophos	none	OP	RBC
Bromophos-ethyl	none	OP	RBC
Bromopropylate	none	ORC	SS
Bufencarb	none	CAR	**
BUTACARB	none	CAR	**
Butoxypolypro- pylene glycol	none	RE	**
BUX	bufencarb	CAR	**
CABBLEMONE	looplure	AT	**
Camphechlor	toxaphene	ORC	SS
CAPRANE	dinocap	NIT	**
CARBAMULT	promecarb	CAR	**
Carbaryl	none	CAR	**
CARBICRON	dicotophos	OP	RBC
Carbofuran	none	CAR	**
Carbon disulfide	none	FUM	**
Carbon tetra- chloride	none	FUM	CHEM, CXR
Carbophenothion	none	OP	RBC
Carbophos	malathion	OP	RBC
Carpolin	carbaryl	CAR	**
Cartap	none	CAR	**
CARZOL SP	formetanate	CAR	**
CELATHION	none	OP	RBC
Cevadilla	none	BBD	**
Cevadine	none	BBD	**
Chinalphos	none	OP	RBC
Chinomethionat	oxythioquinox	MIS	**

Chlordane	none	ORC	SS
Chlordecone	none	ORC	SS
Chlordimeform	none	MIS	**
Chlordimeform	none	MIS	**
hydrochloride			
Chlorfenson	ovex	SUL	**
CHLORFENSONE	ovex	SUL	**
Chlorfensulphide	none	SUL	**
Chlorfenvinphos	none	OP	RBC
Chloro IPC	chloropropham	Phenyl-	**
		carbamate	
Chlorobenzilate	none	ORC	SS
Chlorofos	trichlorfon	OP	RBC
Chlorophenothane	DDT	ORC	SS
Chlorophos	trichlorfon	OP	RBC
CHLOR-O-PIC	chloropicrin	FUM	CXR, PFTS
Chloropicrin	none	FUM	CXR, PFTS
Chloropropylate	none	ORC	SS
CHLOROPROPYLATE	chloropropylate	ORC	SS
Chlorothene	methyl chloroform	FUM	CXR, PFTS
Chlorpyrifos	none	OP	RBC
Chlorpyrifos-	none	OP	RBC
methyl			
Chlorthiepin	endosulfan	ORC	SS
Chlorthiophos	none	OP	RBC
Chrislure	none	AT	**
Chrysron	resmethrin	BBD	**
Cidial	phenthoate	OP	RBC
Cinerin I	pyrethrins	BBD	**
Cinerin II	pyrethrins	BBD	**
CIODRIN	crotoxyphos	OP	RBC
CITRAZON	none	MIS	**
Codlelure	none	AT	**
CODLEMONE	none	AT	**
CO-RAL	coumaphos	OP	RBC
Coumaphos	none	OP	RBC
Counter	terbufos	OP	RBC
CRAG	butoxypolypropylene	RE	**
	glycol		
CRONETON	none	CAR	**
Crotoxyphos	none	OP	RBC
Cruformate	none	OP	RBC
Cube	rotenone	BBD	**
Cue-Lure	none	AT	**
CURACRON	profenofos	OP	RBC
CURATEER	carbofuran	CAR	**
Cyanophos	dichlorvos	OP	RBC
CYANOX	none	OP	RBC
Cycloprate	none	GR	**
CYFIEE	none	OP	RBC
CYGON	dimethoate	OP	RBC
Cyhexatin	none	MIS	**
Cynem	thionazin	OP	RBC
CYOLANE	phosfolan	OP	RBC
Cythioate	none	OP	RBC

CYTHION	malathion	OP	RBC
CYTROLANE	mephosfolan	OP	RBC
D-D Mixture	none	FUM	CXR, PFTS
DACAMOX	thiofanox	CAR	**
DASANIT	fensulfothion	OP	RBC
DBCP	dibromo chloro- propane	FUM	CXR, PFTS, Sperm Counts
DDT	none	ORC	SS
DDVP	dichlorvos	OP	Serum ChE
DECHLORANE	mirex	ORC	SS
Deet	none	RE	**
DE-FEND	dimethoate	OP	RBC
DELNAV	dioxathion	OP	RBC
DELPHENE	deet	RE	**
Demeton	none	OP	RBC
Demeton-O	demeton	OP	RBC
Demeton-S	demeton	OP	RBC
Demeton-S-methyl- sulfoxide	oxydemetormethyl	OP	RBC
Derris	rotenone	BBD	**
DET	deet	RE	**
DETAMIDE	deet	RE	**
Dialifor	none	OP	RBC
Dianisyl trichloroethane	methoxychlor	ORC	SS
DIAZINON	diazinon	OP	RBC
DIBROM	naled	OP	RBC
Dichlofenthion	none	OP	RBC
o-Dichlorobenzene	none	FUM	CXR, PFTS, HEM
p-Dichlorobenzene	none	FUM	CXR, PFTS, HEM
Dichlorvos	none	OP	RBC
Dicofol	none	ORC	SS
Dicophane	DDT	ORC	SS
Dicrotophos	none	OP	RC
Dieldrin	none	ORC	SS
Dienochlor	none	ORC	SS
Diflubenzuron	none	GR	**
DIMECRON	phosphamidon	OP	RBC
Dimephenthoate	phenthoate	OP	RBC
Dimethoate	none	OP	RBC
Dimethrin	none	BBD	**
DIMETILAN	dimetilan	CAR	**
Dimetilane	dimetilan	CAR	**
DIMILIN	diflubenzuron	GR	**
DIMITE	chlorfenethol	ORC	SS
Dinitrocresol (DNOC)	none	NIT	Blood DNOC Level, CHEM
Dinocap	none	NIT	**
Dinoseb	none	NIT	**
Dinoseb methyl- acrylate	dinapacryl	NIT	**
Dioxacarb	none	CAR	**
Dioxathion	none	OP	RBC
DIPEL	none	BBD	**

DIPTEREX	trichlorfon	OP	RBC
Disparlure	none	AT	**
Disparlure	disparlure	AT	**
Disulfoton	none	OP	RBC
DI-SYSTON	disulfoton	OP	RBC
Dithiodemeton	disulfoton	OP	RBC
Dithiosystox	disulfoton	OP	RBC
DN-289	dinoseb	NIT	**
DOWCO-132	crufomate	OP	RBC
DOWCO-139	mexacarbate	CAR	**
DOWCO-179	chlorpyrifos	OP	RBC
DOWCO-213	cyhexatin	MIS	**
DOWCO-214	chlorpyrifos-methyl	OP	RBC
DOWCO-217	fospirate	OP	RBC
DOWFUME W-85	ethylene dibromide	FUM	CXR, PFTS, SC, USC, STG
DOWICIDE-7	pentachlorophenol	MIS	Blood and Urine Pentachlorophenol Levels, CHEM
DOWICIDE-G	pentachlorophenol	MIS	Blood and Urine Pentachlorophenol Levels, CHEM
DRAZA	methiocarb	CAR	**
DURSBAN	chlorpyrifos	OP	RBC
DYFONATE	fonofos	OP	RBC
DYLOX	trichlorfon	OP	RBC
EKALUX	none	OP	RBC
EKAMET	etrimfos	OP	RBC
EKATIN	none	OP	RBC
ELCAR	none	BBD	**
ELGETOL	dinoseb	NIT	**
ELOCRON	dioxacarb	CAR	**
ELSAN	phenthoate	OP	RBC
Endosulfan	none	ORC	SS
Endrin	none	ORC	SS
ENSTAR	kinoprene	GR	**
ENTEX	fenthion	OP	RBC
EPN	none	OP	RBC
Ethion	none	OP	RBC
Ethiofencarb	none	CAR	**
Ethoprop	none	OP	RBC
Ethylene dibromide	none	FUM	CXR, PFTS, SC, USC, STG
Ethylene dichloride	none	FUM	CHEM, CXR, PFTS
Ethylene oxide	none	FUM	CXR, PFTS, HEM
ETHYL GUTHION	azinphosethyl	OP	RBC
Ethyl hexanediol	none	RE	**
Etrimfos	none	OP	RBC
ETROFOLAN	none	CAR	**
ETROLENE	ronnel	OP	RBC
Eugenol	none	AT	**
EVISECT	thiocyclam	MIS	**
EVISEKT	thiocyclam	MIS	**

FAC	none	OP	RBC
FAMID	dioxacarb	CAR	**
Famophos	famphur	OP	RBC
Famphur	none	OP	RBC
Fenamiphos	none	OP	RBC
Fenazaflor	none	MIS	**
Fenchlorphos	ronnel	OP	RBC
Fenitrothion	none	OP	RBC
Fenothrin	none	BBD	**
Fenson	none	SUL	**
Fensulfothion	none	OP	RBC
Fenthion	none	OP	RBC
Fenvalerate	none	BBD	**
FICAM	bendiocarb	CAR	**
FOLIDOL E605	parathion	OP	RBC
Folidol M	methyl parathion	OP	RBC
FOLIMAT	none	OP	RBC
FOLITHION	fenitrothion	OP	RBC
Fonofos	none	OP	RBC
Formaldehyde	none	MIS	**
Formetanate (HCl)	none	CAR	**
Formothion	none	OP	RBC
FORSTAN	oxythioquinox	MIS	**
Fospirate	none	OP	RBC
FOSTION	none	OP	RBC
FRUMIN AL	disulfoton	OP	RBC
FUMAZONE	DBCP	FUM	Sperm Counts, CXR, PFTS
FUNDAL	chlordimeform	MIS	**
FUNDAL SP	chlordimeform hydrochloride	MIS	**
FUNEMONE	none	AT	**
FURADAN	carbofuran	CAR	**
Furloe	chloroprotham	Phenyl- carbamate	**
GALECRON	chlordimeform	MIS	**
GALECRON-SP	chlordimeform hydrochloride	MIS	**
Gamma BHC	lindane	ORC	SS
Gamma HCH	lindane	ORC	SS
Gammexane	benzene hexa- chloride	ORC	SS
GARDONA	stirofos	OP	RBC
GARRATHION	carbophenothion	OP	RBC
GEBUTOX	dinoseb	NIT	**
GLAZD-penta	pentachlorophenol	MIS	Blood and Urine Pentachlorophenol Levels, CHEM
Gossyplure	none	AT	**
GOSSYPOME	none	AT	**
GRANDAMONE	grandlure mixture	AT	**
Grandlure mixture	none	AT	**
GUSATHION	azinphosmethyl	OP	RBC
GUSATHION A	azinphosethyl	OP	RBC
GUTHION	azinphosmethyl	OP	RBC

HAMIDOP	methamidophos	OP	RBC
Heliiothis-NPV	none	BBD	**
Heptachlor	none	ORC	SS
Heptenophos	none	OP	RBC
HERKAL	dichlorvos	OP	RBC
Hexalure	none	AT	**
HEXAMONE	hexalure	AT	**
HOSTAQUICK	none	OP	RBC
HOSTATHION	none	OP	RBC
Hydroprene	none	GR	**
IMIDAN	phosmet	OP	RBC
Iodofenphos	none	OP	RBC
Isoctthane	dinocap	NIT	**
Isoproc carb	none	CAR	**
Isoxathion	none	OP	RBC
Jasmolin I	pyrethins	BBD	**
Jasmolin II	pyrethins	BBD	**
Jodfenphos	iodofenphos	OP	RBC
KARATHANE	dinocap	NIT	**
KARPHOS	none	OP	RBC
KELTHANE	dicofol	ORC	SS
KEPONE	none	ORC	SS
KILVAL	none	OP	RBC
Kinoprene	none	GR	**
KORLAN	ronnel	OP	RBC
LANDRIN	none	CAR	**
LANNATE	methomyl	CAR	**
LEBAYCID	fenthion	OP	RBC
Leptophos	none	OP	**
LETHANE-384	none	MIS	**
Lindane	none	ORC	SS
LINDEN	dichlorvos	OP	**
Looplure	none	AT	**
LORSBAN	chlorpyrifos	OP	RBC
MACBAL	none	CAR	**
MAFU	dichlorvos	OP	RBC
Malathion	none	OP	RBC
Malathon	malathion	OP	RBC
MALIX	endosulfan	ORC	**
Malonoben	none	MIS	**
MARETIN	none	OP	RBC
MARLATE	methoxychlor	ORC	SS
MASOTEN	trichlorfon	OP	RBC
MATACIL	aminocarb	CAR	**
Medlure	none	AT	**
Menazon	none	OP	RBC
MEOBAL	none	CAR	**
MEPHOSFOLAN	mephosfolan	OP	RBC
Mercaptodimur	methiocarb	CAR	**
Mercaptophos	demeton	OP	RBC

MESUROL	methiocarb	CAR	**
METACIDE	methylparathion	OP	RBC
METACRATE	none	CAR	**
METADELPHENE	deet	RE	**
Metam sodium	metham sodium	FUM	CXR, PFTS
Metaphos	methyl parathion	OP	RBC
METASYSTOX-R	oxydemetonmethyl	OP	RBC
Methamidophos	none	OP	RBC
Metham-sodium	none	FUM	CXR, PFTS
Methidathion	none	OP	**
Methiocarb	none	CAR	**
Meth-O-Gas	methyl bromide	FUM	Blood Bromide, CXR, PFTS
Methomyl	none	CAR	**
Methoprene	none	GR	**
Methoxy DDT	methoxychlor	ORC	SS
Methoxychlor	none	ORC	SS
Methyl Bromide	none	FUM	Blood Bromide, CXR, PFTS
Methyl Eugenol	none	AT	**
Methyl mustard oil	none	FUM	CXR, PFTS
Methyl nitrophos	fenitrothion	OP	RBC
Methyl parathion	none	OP	RBC
METHYL TRITHION	none	OP	RBC
Metron	methyl parathion	OP	RBC
Mevinphos	none	OP	RBC
Mexacarbate	none	CAR	**
MICASIN	none	SUL	**
MILBEX	none	SUL	**
MINACIDE	promecarb	CAR	**
MIPICIN	none	CAR	**
Mirex	none	ORC	SS
MITAC	amitraz	MIS	**
MITIN-FF	none	SUL	**
MOBILAWN	dichlofenthion	OP	RBC
MOCAP	ethoprop	OP	RBC
MONITOR	methamidophos	OP	RBC
Monocrotophos	none	OP	RBC
MORESTAN	oxythioquinox	MIS	**
MOROCIDE	binapacryl	NIT	**
MURVESCO	fenson	SUL	**
Muscalure	none	AT	**
MUSCAMONE	muscalure	AT	**
MUSCATOX	coumaphos	OP	RBC
Naled	none	OP	RBC
NANKOR	ronnel	OP	RBC
Naphthalene	none	MIS	**
NAVADEL	dioxathion	OP	RBC
NEGUVON	trichlorfon	OP	RBC
NEMACUR	none	OP	RBC
NEMAFOS	thionazin	OP	RBC
NEMAGON	DBCP	FUM	CXR, PFTS, Sperm Counts

NEO-PYAMIN	tetramethrin	BBD	**
NEORON	bromopropylate	ORC	SS
NEXAGAN	bromophos-ethyl	OP	RBC
NEXION	bromophos	OP	RBC
NIALATE	ethion	OP	RBC
Nicotine sulfate	none	BBD	**
NIFOS	tepp	OP	RBC
NIRAN	parathion	OP	RBC
Nitrox	methyl-parathion	OP	RBC
NOGOS	dichlorvos	OP	RBC
NUDRIN	methomyl	CAR	**
NUVACRON	monocrotophos	OP	RBC
NUVAN	dichlorvos	OP	RBC
NUVANOL-n	idofenphos	OP	RBC
OCTACHLOR	chlordan	ORC	SS
OCTA-KLOR	chlordan	ORC	SS
OCTALENE	aldrin	ORC	SS
OCTALOX	dieldrin	ORC	SS
OFTANOL	none	OP	RBC
OKO	dichlorvos	OP	RBC
Omethoate	none	OP	RBC
OMITE	propargite	SUL	**
ORFAMONE	none	AT	**
Orfralure	none	AT	**
ORTHENE	acephate	OP	**
Orthodichloro- benzene	o-dichlorobenzene	FUM	CXR, PFTS, HEM
ORTHO-KLOR	chlordan	ORC	SS
ORTRAN	acephate	OP	RBC
ORTRIL	acephate	OP	RBC
Ovex	none	SUL	**
OVOCHLOR	ovex	SUL	**
OVOTRAN	ovex	SUL	**
Oxamyl	none	CAR	**
Oxirane	ethylene oxide	FUM	CXR, PFTS, HEM
Oxydemeton-methyl	oxydemeton methyl	OP	RBC
Oxythioquinox	none	MIS	**
PADAN	none	CAR	**
PAPTHION	phenthoate	OP	RBC
Paracide	p-dichlorobenzene	FUM	CXR, PFTS, HEM
PARADOW	p-dichlorobenzene	FUM	CXR, PFTS, HEM
Parathion	none	OP	RBC
Parathion-methyl	methylparathion	OP	RBC
PENTAC	none	OP	RBC
PERFEKTHION	dimethoate	OP	RBC
Permethrin	none	BBD	**
Perthane	none	ORC	SS
Phenamiphos	none	OP	RBC
Phenthoate	none	OP	RBC
Pherocon-BW	grandlure mixture	AT	**
PHEROCON-CL	looplure	AT	**
PHEROCON-CM	none	AT	**
PHEROCON-GFUN	none	AT	**

PHEROCON-GM	disparlure	AT	**
PHEROCON-LAW	none	AT	**
PHEROCON-MFF	trimedlure	AT	**
PHEROCON-OFM	none	AT	**
PHEROCON-PBW	none	AT	**
PHEROCON-QFF	cue-lure	AT	**
Phorate	none	OP	RBC
Phosalone	none	OP	RBC
PHOSDRIN	mevinphos	OP	RBC
PHOSFOLAN	phosfolan	OP	RBC
Phosmet	none	OP	RBC
Phosphamidon	none	OP	RBC
PHOSVEL	leptophos	OP	RBC
Phoxim	none	OP	RBC
Phthalophos	phosmet	OP	RBC
Phthalthrin	tetramethrin	BBD	**
PHYTOSOL	trichloronate	OP	RBC
PICFUME	chloropicrin	FUM	CXR, PFTS
PIN	EPN	OP	RBC
Piperidine	none	Phenothia-	**
		zine	
Pirimicarb	none	CAR	**
Pirimiphos-ethyl	none	OP	RBC
Pirimiphos-methyl	none	OP	RBC
PIRIMOR	pirimicarb	CAR	**
PLICTRAN	cyhexatin	MIS	**
Potassium permanganate	none	MIS	**
POUNCE	permethrin	BBD	**
PRIMICID	pirimiphos-ethyl	OP	RBC
PROBAN	none	OP	**
Profenofos	none	OP	RBC
PROLATE	phosmet	OP	RBC
Promecarb	none	CAR	**
Propargite	none	SUL	**
Propoxur	none	CAR	**
Propylene dichloride	none	FUM	**
Propyl thiopyrophosphate	none	OP	RBC
Prothoate	none	OP	RBC
PROXOL	trichlorfon	OP	RBC
PYDRIN	none	BBD	**
Pynamin	allethrin	BBD	**
Pyrethrin I	pyrethrins	BBD	**
Pyrethrin II	pyrethrins	BBD	**
QIKRON	chlorfenethol	ORC	SS
Q-lure	cue-lure	AT	**
Quinomethionat	oxythioquinox	MIS	**
Quinomethionate	oxythioquinox	MIS	**

RABON	stirofos	OP	RBC
RAMETIN	none	OP	RBC
REBELATE	dimethoate	OP	RBC
RELDAN	chlorpyrifos-methyl	OP	RBC
RESISTOX	coumaphos	OP	RBC
Resmethrin	none	BBD	**
Rhinolure	none	AT	**
ROGOR	dimethoate	OP	RBC
RONNEL	ronnel	OP	RBC
ROSPIN	chlorpropylate	ORC	SS
Rotenone	none	BBD	**
ROXION	dimethoate	OP	RBC
RUBITOX	phosalone	OP	RBC
RUELENE	crufomate	OP	RBC
Ryania	none	BBD	**
RYANICIDE	ryania	BBD	**
Ryanodine	ryania	BBD	**
Sabadilla	none	BBD	**
SALITHION	none	OP	RBC
SANTOBRITE	pentachlorophenol	MIS	Blood and Urine Pentachlorophenol Levels, CHEM
SANTOCHLOR	p-dichlorobenzene	FUM	CXR, PFTS, HEM
SANTOX	EPN	OP	RBC
SAPECRON	chlorfenvinphos	OP	RBC
SAPHICOL	menazon	OP	RBC
Saphizon	menazon	OP	RBC
SAPHOS	menazon	OP	RBC
SAYFOS	menazon	OP	RBC
SBP-1382	resmethrin	BBD	**
SEVIN	carbaryl	CAR	**
Silica aerogel	none	MIS	CXR, PFTS
SINOX	dinitrocresol	NIT	Blood, DNOC Level, CHEM
Sodium arsenite	none	Arsenical	Urine Arsenic Level HEM
SOILBROM	ethylene dibromide	FUM	CXR, PFTS, SC, USC, STG
SOLVENT III	none	FUM	CXR, PFTS
SOLVIREX	disulfoton	OP	RBC
SPECTRACIDE	diazinon	OP	RBC
SPOTTON	fenthion	OP	RBC
STABILENE	butoxy polypropylene glycol	RE	**
STANDAK	none	CAR	**
Stirofos	none	OP	RBC
STROBANE-T	toxaphene	ORC	SS
Sulfatep	sulfotepp	Phosphate ester	**
Sulfotepp	none	Phosphate ester	**
Sulfuryl fluoride	none	FUM	CXR, PFTS, CHEM
Sulprofos	none	OP	RBC

SUMICIDIN	none	BBD	**
SUMITHION	fenitrothion	OP	RBC
SUMITHRIN	none	BBD	**
SUNCIDE	propoxur	CAR	**
SUPONA	chlorfenvinphos	OP	RBC
SUPRACIDE	methidathion	OP	RBC
SURECIDE	none	OP	RBC
Synthetic eugenol	eugenol	AT	**
Synthetic pyrethrins	allethrin	BBD	**
SYNTHRIN	resmethrin	BBD	**
SYSTOX	demeton	OP	RBC
TAKTIC	amitraz	MIS	**
TAMARON	methamidophos	OP	RBC
TARZOL	fenazaflor	MIS	**
TEDION	tetradifon	SUL	**
TELONE II	none	FUM	CXR, PFTS
Temephos	none	OP	RBC
TEMIK	aldicarb	CAR	**
TEPP	tepp	OP	RBC
Terbufos	none	OP	RBC
TERRACUR-P	fensulfothion	OP	RBC
Tetrachlorvinphos	stirofos	OP	RBC
Tetradifon	none	SUL	**
Tetramethrin	none	BBD	**
Tetrasul	none	SUL	**
TETRON	tepp	OP	RBC
THANITE	none	MIS	**
THIMET	phorate	OP	RBC
Thiocyclam	none	MIS	**
Thiocyclam hydrogen oxalate	thiocyclam	MIS	**
THIODAN	endosulfan	ORC	SS
Thiodemeton	disulfotan	OP	RBC
Thiofanox	none	CAR	**
Thiometon	none	OP	RBC
Thionazin	none	OP	RBC
Thiotep	Sulfotep	Phosphate ester	**
THURICIDE	none	BBD	**
TIGUVON	fenthion	OP	RBC
TORAK	dialifor	OP	RBC
TORELLE	fospirate	OP	RBC
Toxaphene	none	ORC	SS
Triazophos	none	OP	RBC
TRICHLORFENSON	ovex	SUL	**
Trichlorfon	none	OP	RBC
Trichloronat	trichloronate	OP	RBC
Trichloronate	none	OP	RBC
Trichlorphon	trichlorfon	OP	RBC
TRIFENSON	fenson	SUL	**
Trimaton	metham-sodium	FUM	CXR, PFTS
Trimedlure	none	AT	**

Triprene	none	GR	**
TRITHION	carbophenothion	OP	RBC
TROLENE	ronnel	OP	RBC
TRUCIDOR	none	OP	RBC
TSUMACIDE	none	CAR	**
TUGON	trichlorfon	OP	RBC
ULTRACIDE	methidathion	OP	RBC
UNDEN	propoxur	CAR	**
Vamidothion	none	OP	RBC
VAPAM	metham-sodium	FUM	CXR, PFTS
VAPONA	dichlorvos	OP	RBC
V-C 13	dichlofenthion	OP	RBC
VELSICOL 104	heptachlor	ORC	SS
VENDEX	none	MIS	**
Veratridine	none	BBD	**
VIDDEN D	none	FUM	CXR, PFTS
VIKANE	sulfuryl fluoride	FUM	CXR, PFTS, CHEM
VIOZENE	ronnel	OP	RBC
VIRON/H	none	BBD	**
VOLATON	phoxim	OP	RBC
VORLEX	none	FUM	**
VYDATE L	oxamyl	CAR	**
WARBEX	famphur	OP	RBC
WOFATOX	methyl parathion	OP	RBC
3,5-XMC	none	CAR	**
ZARDEX	none	GR	**
ZECTRAN	mexacarbate	CAR	**
ZERTELL	chlorpyrifos- methyl	OP	RBC
ZOLONE	phosalone	OP	RBC

PESTICIDESHERBICIDES

<u>SUBSTANCE</u>	<u>TYPE</u>	<u>RECOMMENDED TEST(S) *</u>
Aatrex	triazine	CHEM
Actril	nitrile	CHEM
Actrilawn	nitrile	CHEM
Agritox	chlorophenoxy	CHEM, CXR, PFTS
Agroxone	chlorophenoxy	CHEM, CXR, PFTS
Alanap	phthalamic acid	**
Amino triazole	triazine	CHEM, CXR, PFTS
Amitrole-T	triazine	CHEM, CXR, PFTS
Amizine	triazine	**
Amizol	triazine	CHEM, CXR, PFTS
Aquacide	bipyridal	CHEM, CXR, PFTS
Aquavex	chlorophenoxy	Urine Silvex Level
Arsan	arsenical	Urine Arsenic Level, HEM
Atrasol	triazine	CHEM, CXR, PFTS
Atratol	triazine	CHEM, CXR, PFTS
Atrazine	triazine	CHEM, CXR, PFTS
Azolan	triazine	CHEM, CXR, PFTS
Balan	organic acid	**
Banfel	organic acid	**
Banvel	organic acid	**
Banvel-D	organic acid	**
Barban	carbamate	**
Bensulide	sulfonamide	**
Bental	carbamate	**
Betasan	sulfonamide	**
Blazer	aciflourfen-sodium	CHEM
Borax	sodium tetraborate	**
Bravo	chlorthalonil	CHEM
Bromoxynil	nitrile	CHEM
Butoxone	chlorophenoxy	CHEM, CXR, PFTS
Butyrac	chlorophenoxy	CHEM, CXR, PFTS
Cacodylic Acid	arsenical	Urine Arsenic Level, HEM
Carbyne	carbamate	**
Casoron	nitrile	CHEM
Certrol	nitrile	CHEM
Chem Rice	amide	CHEM
Chemox	dinitrophenol	**
Chloroxone	chlorophenoxy	CHEM, CXR, PFTS
Cotoran	urea	**

*See Key for Abbreviations

**Tests used in matrix for this type of substance are considered adequate.

Cycloate	thiocarbamate	**
Cytrol	triazine	CHEM, CXR, PFTS
2,4-D	chlorophenoxy	HEM, CXR, PFTS
Dachtal	amide	CHEM
Daconate	arsenical	Urine Arsenic Level, HEM
DCPA	amide	CHEM
Devrinol	propionamide	**
Dextron X	bipyridal	HEM, CHEM, CXR, PFTS
Dicamba	organic acid	**
Dichlobenil	nitrile	CHEM
Dimethylarsinic Acid	arsenical	Urine Arsenic Level, HEM
Dinoseb	dinitrophenol	**
Diquat	bipyridal	CHEM, CXR, PFTS
Disodium Methyl Arsenate	arsenical	Urine Arsenic Level, HEM
Diuron	urea	**
Dowicide-7	halophenol	CHEM, Urine Pentachlorophenol Level
Dowicide EC-7	halophenol	CHEM, Urine Pentachlorophenol Level
Dow General	dinitrophenol	**
DPA	amide	CHEM
Dual	metolachlor	CHEM, CXR, PFTS
Dyanap	phthalamic acid	**
Enide	diphenamid	**
Eptam	carbamate	**
EPTC	carbamate	**
Esgram	bipyridal	HEM, CHEM, CXR, PFTS
Esteron	chlorophenoxy	CHEM, CXR, PFTS
Estron-245	chlorophenoxy	CHEM, CXR, PFTS
Estron Brush Killer	chlorophenoxy	CHEM, CXR, PFTS
Eurex	thiocarbamate	**
Flumeturon	urea	**
Fluridone	sulfone	**
Gebutox	dinitrophenol	**
Gesamil	triazine	**
Gesaprim	triazine	CHEM
Gesatop	triazine	**
Gramoxone	bipyridal	HEM, CHEM, CXR, PFTS
Ioxynil	nitrile	CHEM
Karamex	urea	**
Knox-weed	dinitrophenol	**
Krovar I	urea	**
Kuron	chlorophenoxy	Urine Silvex Level
Kurosai	chlorophenoxy	Urine Silvex Level

Lanex	urea	**
Lasso	alachlor	CHEM, CXR, PFTS
Lorox	urea	**
Maleic Hydrazide	pyridazene	**
Marks Brushwood Killer	chlorophenoxy	CHEM, CXR, PFTS
Marmex	urea	**
MCPA	chlorophenoxy	CHEM, CXR, PFTS
Mediben	organic acid	**
Mephanac	chlorophenoxy	CHEM, CXR, PFTS
Metham	dithiocarbamate	**
Methoxone	chlorophenoxy	CHEM, CXR, PFTS
Metribuzin	triazine	CHEM, CXR, PFTS
MH-30	pyridazene	**
Miller Nu Set	chlorophenoxy	Urine Silvex Level
Milogard	trizine	**
Molinate	thiocarbamate	**
Monuron TCA	urea	**
MSMA	arsenical	urine arsenic level, HEM
Napropamide	propionamide	**
Naptalam	phthalamic acid	**
Nata	organic acid	CXR, PFTS
Natal	organic acid	CXR, PFTS
Niagara 5006	nitrile	CHEM
Ordram	thiocarbamate	**
O-X-D	chlorophenoxy	Urine Silvex Level
Oxytril	nitrile	CHEM
Paraquat	bipyridal	HEM, CHEM, CXR, PFTS
Pebulate	thiocarbamate	**
Pendimethalin	dinitroaniline	**
Pentachlorophenol	halophenol	CHEM, Urine Pentachlorophenol Level
Phermedipham	carbamate	**
Phytar	arsenical	Urine Arsenic Level, HEM
Prefar	sulfonamide	**
Premerge	dinitrophenol	**
Primatol	triazine	**
Primatol-A	triazine	CHEM
Primatol-P	triazine	**
Princep	triazine	**
Profluralin	dinitroaniline	**
Propanil	amide	CHEM
Propazine	triazine	**
Prowl	dinitroaniline	**
Reglone	bipyridal	CHEM, CXR, PFTS
Rogue	amide	CHEM
Roundup	glyphosate	**
Ro-neet	thiocarbamate	**

Santophen-20	halophenol	CHEM, Urine Pentachlorophenol Level
Sencor	triazine	CHEM, CXR, PFTS
Shellstan Brush Killer	chlorophenoxy	CHEM, CXR, PFTS
Silvex	chlorophenoxy	Urine Silvex Level
Silvisar	arsenical	Urine Arsenic Level, HEM
Simazine	triazine	CHEM, CXR, PFTS
Sinox General	dinitrophenol	**
Smite	azide	**
Sodium Arsenite	arsenical	Urine Arsenic Level, HEM
Sodium Azide	azide	**
Sodium Tetraborate	borate	**
Solo	phthalamic acid	**
Stam F-34	amide	CHEM
Stam M-4	amide	CHEM
Sulfallate	dithiocarbamate	**
Supersevttox	dinitrophenol	**
Surcopur	amide	CHEM
2,4,5-T	chlorophenoxy	CHEM, CXR, PFTS
TCA	organic acid	CXR, PFTS
Tecane	organic acid	CXR, PFTS
Telvar Diuron Weed Killer	urea	**
Tillam	thiocarbamate	**
Tolban	dinitroaniline	**
Totril	nitrile	CHEM
Toxynil	nitrile	CHEM
Treflan	trifluralin	**
Trifluralin	dinitroaniline	**
Urox	urea	**
Vernam	carbamate	**
Vernolate	carbamate	**
Weedar	chlorophenoxy	CHEM, CXR, PFTS
Weedar 2,4,5-T	chlorophenoxy	CHEM, CXR, PFTS
Weedazol	chlorophenoxy	CHEM, CXR, PFTS
Weedazol	triazine	CHEM, CXR, PFTS
Weedol	bipyridal	HEM, CHEM, CXR, PFTS
Weedone	chlorophenoxy	CHEM, CXR, PFTS
Weedone 2,4,5-T	chlorophenoxy	CHEM, CXR, PFTS
Zeasin	triazine	CHEM

FUNGICIDES

<u>SUBSTANCE</u>	<u>TYPE</u>	<u>RECOMMENDED TEST(S) *</u>
Allisan	anilino	**
Anti-Carie		HEM, CHEM
Arasan	dithiocarbamate	CHEM, T ₄
Avicol	nitrobenzenoid	**
Benlate	nitrogen hetero- cyclic	CHEM
Benomyl	nitrogen hetero- cyclic	CHEM
Bent-cure		HEM, CHEM
Bent-no-more		HEM, CHEM
Bibenzene	aromatic hydro- carbon	HEM, CHEM
Biphenyl	aromatic hydro- carbon	HEM, CHEM
Blasticidin-S	antibiotic	**
Boric Acid	none	**
Botran	anilino	**
Botrilex	nitrobenzenoid	**
Brassicol	nitrobenzenoid	**
Bravo	chlorthalonil	CHEM
Captafol	chloroalkyl thio	HEM, CHEM, UA
Captan	chloroalkyl thio	**
Carboxin	none	**
Cercobin-M	thiophanate-methyl	**
Chlorthalonil	none	CHEM
1-Chlorodinitrobenzene	nitrobenzenoid	HEM
Cyprex	dodine	**
Daconil 2787	chlorthalonil	CHEM
Dicloran	anilino	**
Difenile		CHEM
Difolatan	chloroalkyl thio	HEM, CHEM, UA
Dinitrochlorobenzene	nitrobenzenoid	HEM
Diphenyl	aromatic hydro- carbon	HEM, CHEM
Ditranyl	anilino	**
DNCB	nitrobenzenoid	HEM
Dodine	none	**
Etridiazol	none	**
Equizole	nitrogen hetero- cyclic	CHEM

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

Ferbam	dithiocarbamate	T ₄ , HEM, CHEM
Folci	chloroalkyl thio	HEM, CHEM, UA
Folosan	nitrobenzenoid	**
Folpet	chloroalkyl thio	**
Formaldehyde	none	UA-Formic acid
Hexachlorobenzene (HCB)	aromatic hydro- carbon	HEM, CHEM
Hexachlorophene	none	**
Karbam White	dithiocarbamate	HEM
Koban	Etridiazol	**
Maneb	dithiocarbamate	HEM, CHEM, T ₄
Manzate	dithiocarbamate	HEM, CHEM, T ₄
Melprex	dodine	**
Milbam	dithiocarbamate	CHEM, T ₄
Nibam	dithiocarbamate	HEM
Nickle sulfate	none	**
Orthocide	chloroalkyl thio	**
Orthocide 406	chloroalkyl thio	**
Parzate	dithiocarbamate	HEM, CXR, PFTS
PQNB	nitrobenzenoid	**
Phenylbenzene	aromatic hydro- carbon	HEM, CHEM
Puralin	dithiocarbamate	CHEM, T ₄
Quintozene	nitrobenzenoid	**
Rabcide	quinone	**
Sanspor	chloroalkyl thio	**
Smite	sodium azide	**
Sodium azide	none	**
Streptomycin	antibiotic	HEM
Sulfenimede	chloroalkyl thio	HEM, CHEM, UA
Termil	chlorthalonil	CHEM
Terrachlor	nitrobenzenoid	**
Terrador	nitrobenzenoid	**
Terrazole	etridiazol	**
Tersan	dithiocarbamate	CHEM, T ₄
Tetrachlorophthalide	quinone	**
Thiabendazole	nitrogen hetero- cyclic	CHEM
Thiram	dithiocarbamate	CHEM, T ₄
Thylate	dithiocarbamate	CHEM, T ₄
Tilcarex	nitrobenzenoid	**
Topsin-M	thiophanate-methyl	**
Triforine	none	**
Tritisan	nitrobenzenoid	**
Truban	etridiazole	**

Vancide 89
Vitavax

chloroalkyl thio
carboxin

**
**

Zineb
Ziram

dithiocarbamate
dithiocarbamate

CHEM, T₄
CHEM, T₄

PLANT GROWTH REGULATIONS

<u>SUBSTANCE</u>	<u>TYPE</u>	<u>RECOMMENDED TEST(S) *</u>
BA	none	**
Chlormequate chloride	none	**
Cyogel	chlormequate chloride	**
GA	none	**
IAA	acetic acid	**
IBA	butanoic acid	**
IPA	propanoic acid	**
Maleic Hydrazide	none	**
MH-30	maleic hydrazide	**
NAA	none	**
SLO-FRO	maleic hydrazide	**
TIBA	none	**

*See Key for Abbreviations.

**Tests listed in matrix for this type of substance are considered adequate.

RODENTICIDES

<u>SUBSTANCE</u>	<u>TYPE</u>	<u>RECOMMENDED TEST(S)*</u>
Alphakil	synthetic organic	**
Antu	thiourea	CXR
Anturat	thiourea	CXR
Arthrombine-K	courmarin	HEM, Prothrombin Time, Urine for Occult Test
Bantu	thiourea	CXR
Chloralose	synthetic organic	**
Compound-1080	fluoroacetic acid (FA)	EKG, CXR, CHEM, Urine Organic Fluorine
Compound-1081	faderivative	CHEM
Coumafuryl	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Dethmore	coumarin	HEM, Prothrombin Time, Urine for Occult Blood
Fluorakil	faderivative	CHEM
Fluorethanol	faderivative	CHEM
Fumarin	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Fumasol	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Krumkil	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Lurat	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Megarox	faderivative	CHEM
MNFA	faderivative	HEM, CHEM
Norbormide	synthetic organic	**

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

Parwartin	coumarin	Prothrombin Time, Urine for Occult Blood, HEM
Pyriminil	substituted urea	CHEM
Ratafin	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Rat-A-Way	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Raticate	synthetic organic	**
Rattrack	thiourea	CXR
Shoxin	synthetic organic	**
Sodium Fluoroacetate	fluoroacetic acid (FA)	EKG, CXR, CHEM, Urine Organic Fluorine
Tomarin	antivitamin K	Prothrombin Time, Urine for Occult Blood, HEM
Warfarin	coumarin	Prothrombin Time, Urine for Occult Blood, HEM

HAZARDOUS DUSTS

<u>SUBSTANCE</u>	<u>RECOMMENDED TEST(S) *</u>
Arsenic	Urine Arsenic
Asbestos	CXR, PFTS
Cotton Dust	CXR, PFTS
Cyanide	Urine Cyanide
Ditrobenzene	HEM
Fertilizer Dust	CXR, PFTS, HEM
Grain Dust	CXR, PFTS, HEM
Hay Dust	CXR, PFTS, HEM
Insect Dust (Lepidoptra scales or other insect components)	CXR, PFTS, HEM
Pentachlorophenol	CHEM, Serum and Urine Pentachlorophenol Level
Silica (free)	CXR, PFTS

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

HEAVY METALS

<u>SUBSTANCE</u>	<u>RECOMMENDED TEST(S)*</u>
Arsenic	Urine Arsenic
Cadmium	Serum Cadmium, Urine Cadmium
Cesium Chloride	**
Chromium	CHEM
Copper	24-hour Urine for Copper, Serum Copper
Lead	Serum Lead Level, Urine ALA (Aminolevulinic Acid), HEM
Lead Arsenate	Urine Lead Arsenate, CXR, PFTS, CHEM, HEM
Mercury	Urine Mercury, Blood Mercury Level
Osmium Tetroxide	PFTS
Selenium	Urine Selenium
Selenium Hexafluoride	CXR, PFTS, HEM
Silver	**
Uranium	Urine Uranium
Vanadium	Urine Vanadium
Zinc Oxide	Urine Zinc Oxide

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

ORGANIC SOLVENTS

<u>SOLVENT</u>	<u>RECOMMENDED TEST(S)*</u>
Acetic Anhydride	PFTS
Acetic Acid	PFTS
Acetone	PFTS
Acetonitrile	**
Acrylonitrile	CHEM, CXR, PFTS, SC, STG
Allyl Alcohol	**
Amyl Acetate	**
Amyl Alcohol (Isoamyl Alcohol)	**
Aniline	HEM, CHEM, USC
Benzyl Chloride	PFTS, CHEM
Butyl Acetate (n-Butyl Acetate)	**
Butyl Alcohol (n-Butanol)	**
Butyl Cellosolve	HEM
Butylamine	**
2-Butanone (MEK)	**
Carbon Disulfide	CHEM, Urine Carbon Disulfide, EKG
Carbon Tetrachloride	CHEM, (Suspect Carcinogen)
Cellosolve (2-Ethoxyethanol)	CHEM, HEM, UA
Cellosolve Acetate (Ethoxyethyl Acetate)	CHEM, UA
Chlorobenzene (Monochlorobenzene)	HEM, CHEM
Chloroform	CHEM, UA
Cresol	CHEM, PFTS
Cyclohexane	CHEM
Cyclohexanol	CHEM
Cyclohexanone	CHEM
Cyclohexene	CHEM
Diacetone Alcohol	**
O-Dichlorobenzene	CHEM
Dichloroethyl Ether	CHEM, CXR, PFTS
Diethylamine	PFTS
Diisobutyl Ketone	**
Dimethylaniline	HEM, CHEM
Dioxane	CHEM, UA
Ethyl Acetate	**
Ethyl Alcohol	CHEM
Ethyl Benzene	CHEM
Ethyl Bromide	CHEM
Ethyl Ether	**
Ethyl Formate	**

*See Key for Abbreviations

**Tests listed in matrix for this type of substance are considered adequate.

Ethylene Diamine	CHEM
Ethylene Dibromide	CHEM, CXR, PFTS, SC, USC, STG
Ethylene Dichloride	CHEM
Heptane	**
Hexane	**
Hexanone (Methyl Butyl Ketone)	**
Hexone (Methyl Isobutyl Ketone)	**
Hydrazine	CXR, PFTS, CHEM
Mesityl Oxide	**
Methyl Acetate	PFTS, CHEM
Methylal	**
Methyl Alcohol	CHEM
Methyl Bromide	**
Methyl Cellosolve	HEM, CHEM
Methyl Cellosolve Acetate	CHEM
Methylcyclohexane	**
Methylcyclohexanol	**
Methylcyclohexanone	**
Methylene Bisphenyl Isocyanate (MDI)	CXR, PFTS, CHEM
Methylene Chloride	HEM, CHEM
Methyl Isobutyl Carbinol	**
Morpholine	**
Naphtha	CHEM
Nitrobenzene	HEM, CHEM
Nitroethane	**
Nitromethane	**
2-Nitropropane	CHEM
Nitrotoluene	HEM, CHEM
Octane	**
Pentane	**
Pentanone	**
Perchloroethylene (Tetrachloroethylene)	CHEM
Phenol	CHEM, Urine Phenol
Phenylhydrazine	HEM, CHEM, UA
Propyl Acetate	**
Propyl Alcohol	**
Propyl Ether	**
Pyridine	CHEM
Stoddard Solvent	**
Styrene Monomer (Phenylethylene)	**
p-Tertiary Butyl Toluene	HEM
1,1,2,2 - Tetrachloroethane	CHEM
Tetranitromethane	HEM, CHEM, CXR, PFTS
Toluene	CHEM
Toluene Diisocyanate	CXR, PFTS
o-Toluidine	HEM, CHEM
1,1,1 - Trichloroethane (Methyl Chloroform)	CHEM

1,1,2 - Trichloroethane
Trichloroethylene
Turpentine

CHEM
CHEM
CHEM, UA

Xylene

HEM, CHEM, UA

SAMPLE STATEMENT OF WORK FOR THE ESTABLISHMENT
OF A MULTIPHASIC MEDICAL SERVICES CONTRACT

TECHNICAL SPECIFICATIONS

General Specifications

The Location Name has approximately _____ laboratories and units performing research involving approximately _____ employees including chemists, microbiologists, plant physiologists, and various technician and technologist categories that support these disciplines that would qualify to participate in the Occupational Health Maintenance Program. Employees of this location are involved in the use of various herbicides, fungicides, insecticides, and pesticides which can cause severe neurological, systemic and chronic health problems.

Other groups of toxic substances include mutagens, and carcinogens such as polycyclic aromatic hydrocarbons, benzene, food stuffs potentially contaminated with aflatoxins, etc. Various hormones and plants and insect growth regulators can also manifest potential toxic effects on employees. Work is done with live organisms such as bacteria, fungi, and viruses which can also cause disease in humans.

The largest group of potentially toxic substances, however, are found in all laboratories that use the usual laboratory chemicals such as organic solvents, methyl chloride, chlorinated hydrocarbons, ethyl acetate, etc. Almost any such chemical can cause peripheral neuropathy, or liver or kidney damage which may be cumulative if the body cannot properly detoxify and excrete the chemical. Employees may also have allergic reactions to specific chemical or biological substances. It is, therefore, essential that a Health Maintenance Program be established to aid in the protection of laboratory workers at _____ whose work regularly poses the possibility of exposure to these compounds.

Functional Specifications

The following specifications are set up in an effort to provide maximum flexibility in tailoring a Health Maintenance Program for each employee according to his or her specific potential workplace exposure. The contractor shall assign a cost to the functions performed in each section.

Physical Examination

The contractor shall provide a licensed practicing clinician who will perform a physical examination upon the employee. The physician will note irregularities and abnormalities which would jeopardize the health status of the employee via the performance of his or her normal work duties.

The examining physician shall be experienced in the field of Occupational Medicine and Industrial Health or a board-certified Internist. He or she should be capable of assessing the work-relatedness of an abnormal finding.

Life threatening anomalous conditions will be reported expeditiously and directly to the employee's personal physician. Other findings will be reported as part of the employee's health status report and incorporated into the Agency's computer data bank.

General Laboratory Tests

The contractor shall accomplish an annual laboratory screening including blood chemistries, hematologies, and urinalyses. Each of these laboratory operations shall include (but not be limited to) the following parameters:

Blood Chemistry

Glucose, BUN, creatinine, sodium, potassium, chloride, uric acid, calcium, phosphorous, cholesterol, triglycerides, total protein, albumin, globulin, A/G Ratio, alkaline phosphatase, lactic dehydrogenase (LDH), total bilirubin, serum glutamic pyruvic transaminase (SGPT), serum glutamic oxalacetic transaminase (SGOT).

Hematology (Complete Blood Count)

Red cell count, red cell indices (MCV, MCH, MCHC), hemoglobin and hematocrit, reticulocyte count, platelet count, white cell count and differential.

Urinalysis

Specific gravity, pH, microscopic examination, protein - albumin, glucose, ketones, occult blood, bile (optional).

Chest X-ray

When so directed, the contractor shall provide a full size chest X-ray of the employee. X-rays will be used judiciously, and all State and Federal regulations pertaining to leakage, scatterings, etc., will be strictly adhered to. Films will be interpreted by board-certified radiologists.

Spirometry (Lung Function)

The contractor shall demonstrate the capability to provide measurements of employee lung function and capacity. Tests to be performed and parameters to be measured include:

- Forced Vital Capacity (FVC)
- Forced Expiratory Volume Timed for One Second (FEV₁)
- Ratio of FEV₁/FVC

Test methods shall comply with OSHA requirements and results shall be interpreted and reported by experienced, qualified personnel.

Cholinesterase Determination

Several approved methods for the determination of cholinesterase levels in the serum and in RBC's exist. The contractor shall justify the choice of a particular laboratory method and adhere to it throughout the course of this contract. Regardless of the particular analytical technique selected, the contractor will perform cholinesterase testing for both serum and RBC cholinesterase levels or for RBC levels alone. The determination of only serum cholinesterase levels is unacceptable. Results and normal comparative values shall be reported uniformly and accurately for each cholinesterase determination.

Specific Cancer Screening Tests

We believe that there are three applicable laboratory screening procedures for detection of a limited number of types of cancer in large populations. These tests are the PAP Smear (for women), sputum cytology, and urinary sediment cytology. The PAP Smear is not within the scope or intent of this program, therefore, the contractor shall provide the two latter procedures for employees who have been designated eligible. Specimens shall be carefully processed and slides shall be examined and interpreted by experienced, certified pathologists.

The contractor may provide suggestions and rationale for the inclusion of additional screening procedures in this section.

Audiometric Examination

The contractor shall provide a sound shielded facility in which any loss of hearing may be determined for each ear. Each ear shall be tested at the frequencies of 500, 1000, 2000, 3000, 4000, 6000, and 8000 HZ. International standards (ISO) apply. Hearing loss shall be identified and categorized as to probable cause.

Facilities and Equipment

The contractor must have either a field office, trailer, or alternate capability to provide the required health services to the _____ on a routine basis. The contractor must indicate in his proposal the number of examinees per visit for which he will provide these services onsite.

Screening Analysis

The results of all tests are to be initially evaluated by the contractor's physician and professional staff. Those abnormal parameters identified as being occupationally related or likely to be aggravated by continued similar occupational exposure will be brought to the attention of the appropriate personnel (to be designated upon award of the contract). All data will then be forwarded to the Agency's occupational health physician according to instructions and procedures that will also be provided upon award of the contract.

Additional Tests

Additional tests other than the screening procedures listed above may be required or warranted. The contractor is invited to recommend additional requirements and shall have the capability to perform screening tests prescribed.

Privacy Act

The contractor agrees to comply with the Privacy Act of 1974, and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (1) the system or systems of records, and (2) the work to be performed by the contractor in terms of any one of or combination of the following (a) design, (b) development, or (c) operation; to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the Statement of Work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and to include this clause in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.

In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of

records on individuals to accomplish agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.

The terms used in this clause have the following meanings:

1. "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.
2. "Record" means any item, collection, or grouping of information about an individual that is maintained by an agency, including, but not limited to, his or her education, financial transactions, medical history, and criminal or employment history, and that contains his or her name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print, or a photograph.
3. "System of records" on individuals means a group of any records under the control of an agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

Privacy Act Notification Requirements

All eligible employees shall be notified by the contractor of the Privacy Act requirements noted below:

"Participation in this program will require that you provide biographical and medical information to professional medical personnel. The Privacy Act of 1974, therefore, requires that you be given the following information about the program before you decide whether or not to participate."

"**AUTHORITY** - We are authorized by the Occupational Safety and Health Act of 1970 and by 5 U.S.C. 301 to obtain personal information from participants in the program. While we believe it to be in your interest to participate, it is not required that you do so."

"**PURPOSE** - The program is designed to protect agency employees from potential hazards in their work environment and to reduce these hazards. Medical records maintained will document health status, changes in physical conditions through the years, and provide an account of any care rendered, advice given, and consultations recommended. The limited physical examination and laboratory tests provided by this program are not intended to substitute for the care provided by your personal physician."

"ROUTINE USES - The information may be disclosed to authorized medical professionals to determine unusual susceptibility to illness or injury from exposures in the work environment, to determine medical suitability of assignments, to permit identification of potentially harmful effects of toxicants used, and to provide medical treatment and advice."

"EFFECTS ON NONPARTICIPATION - If you decide not to participate or if you decide to withdraw at some later date, there will be no effect on your job status or rights. We will, however, be unable to monitor your physical condition and will be unable to advise you with regard to any dangerous trends which may develop. If you choose to participate but later decline to provide the examining physician some pertinent piece of personal information, the adequacy of the protection you receive from the program will be reduced."

Records

The medical records will be maintained in a classified data handling system, administered in such a way as to ensure confidentiality. Only the S&E Occupational Physician, the S&E Safety and Health Program Management Branch, and the contractor's physician and his medical staff shall have access to the results of the multiphasic medical screening.

Copies of all medical screening results will be provided to the employee or the employee's physician of choice, upon receipt of a formal written request.

Liability

The contractor shall indemnify and hold the Government harmless against claims for injury and illness to Federal employees rising as a result of examination by the contractor.

Scheduling

The contractor will submit scheduling of examination times and locations to the Administrative Officer at the Location address.

Reporting

The contractor will be required to submit a monthly summary of the number of examinations given, the names of employees, and their work locations.

Notification of Routine Retesting

The contractor shall have the capability to notify the Administrative Office, on a predesignated timeframe, as to when a group of employees is due for retesting.

Inspection and Acceptance

The Government will check the accuracy of completed reports after receipt from contractor. Errors, that are the fault of the contractor, shall be corrected at no cost to the Government. Correction of this category of errors shall be accomplished within five working days after the contractor has been notified by the Government of the errors.

Measurement and Payment

410 - Invoices, citing this contract number shall be submitted in triplicate to:

[TO BE DETERMINED BY THE CONTRACTING OFFICER]

420 - Invoices shall be prepared citing the following minimum Government requirements:

- Name(s) of Employee(s) tested
- Work Location(s) of employee(s) tested
- Date of test
- Type of test(s) performed
- Unit cost of test(s) performed

PART II - SCHEDULE OF ITEMS

Scope of Contract

Provide Medical Health Maintenance Program Services to _____ and additional locations (to be identified later) within the _____ area as provided by the specification section. The successful contractor will be responsible for furnishing personnel, materials, equipment, facilities, and otherwise accomplish all things necessary for or incidental to the performance of the work set forth herein.

Type of Contract

[WITH THE APPROVAL OF THE CONTRACTING OFFICER]:

This solicitation contemplates an indefinite quantity contract which contains the Government's best estimate of the number of employees that will require health services. The contract will be awarded on a fixed-price basis per test battery required per participant. The Government agrees that a minimum of _____ employees will require the basic battery of health maintenance services subject to continued satisfactory performance by the contractor. The maximum quantity of participants is estimated to be _____.

The initial period of performance is from the date of award through _____. The contract contains renewal options for two fiscal years through _____.

Contingency

It is mutually understood and agreed that the obligation extended by the Government is contingent upon appropriations being made available by Congress.

Option to Extend the Term of the Contract

This contract is renewable, at the prices listed in the schedule at the option of the Government, by the Contracting Officer giving written notice of renewal to the contractor by the first day of each fiscal year or within 30 days after funds for that fiscal year become available, whichever date is the later; provided that the Contracting Officer shall have given preliminary notice of the Government's intention to renew at least 30 days before this contract is to expire. Such a preliminary notice shall not be deemed to commit the Government to renewals. If the Government exercises this option for renewal, the contract as renewed shall be deemed to include this option provision. However, the total duration of this contract, including the exercise of any options under this clause, shall not exceed 36 months from the current award.

PROPOSAL MODIFICATIONS AND EVALUATION

This section discusses how the proposals may be amended, what portion of the proposal becomes the contract, and how the proposals are evaluated.

Amendments to the Proposal

Changes to the proposal shall be accomplished by amended page(s). Changes from the original page shall be indicated by right and left marginal vertical lines adjacent to the change. The offeror shall include the date of the amendment on the lower right-hand edge of the page.

The Contract

The contract, when consummated by the Government, shall consist of Volume I, II, and III of the proposal and any amendments thereto.

Criteria for Evaluating Proposals

Proposals which meet all applicable requirements will be evaluated to determine which proposal is most advantageous to the Government, cost and all other factors considered. The evaluation to determine which proposal is most advantageous to the Government will be based upon the technical and cost proposals for the initial as well as optional performance periods. Ratings will be based upon the total technical approach and the total price offered.

The following factors are recommended to form the basis of determining which proposal will initially be placed in the competition range:

<u>Factor</u>	<u>Numerical Value</u>
Price	[To be determined by the Contracting Officer and the requisitioner. However, the technical weighting factor should be the primary consideration when proposals are evaluated.]
Methods and operational procedures to complete the Statement of Work (includes: demonstration of technical competence, sophisticated system of records and reports)	
Qualifications of Key personnel	
Similar or related experience	

An overall rating of each proposal meeting the minimum technical requirements will be developed using a weighted combination of the technical and price proposals. Price proposals will be considered on the basis of total costs.

The Government intends to award one contract as a result of this solicitation.

Preaward Survey

Prior to award of a contract, the Government reserves the right to conduct a preaward survey of any firm under consideration to confirm any part of the information furnished by the bidder, or to require other evidence of managerial, financial, technical, and other capabilities, the positive establishment of which is determined by the Government to be necessary for the successful performance of the contract.

Initial Period of Performance: Date of Award through _____

<u>Line Item</u>	<u>Description/Specification Reference</u>	<u>Price Per Test</u>
01	Physical Examination	\$ _____
02	General Lab Tests	\$ _____
03	Chest X-ray	\$ _____
04	Spirometry (Lung Function)	\$ _____
05	Cholinesterase Determination	\$ _____
06	Specific Cancer Tests	
	A) Sputum cytology	\$ _____
	B) Urinary sediment cytology	\$ _____
07	Audiometric examination	\$ _____
08	Additional Tests	\$ _____
	(Describe below)	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Additional Renewal Option Periods:

<u>Line Item</u>	<u>Description</u>	<u>Price Per Test</u>
01	Physical Examination	\$ _____
02	General Lab Tests	\$ _____
03	Chest X-ray	\$ _____
04	Spirometry (Lung Function)	\$ _____
05	Cholinesterase Determination	\$ _____
06	Specific Cancer Tests	
	A) Sputum cytology	\$ _____
	B) Urinary sediment cytology	\$ _____
07	Audiometric Examination	\$ _____
08	Additional Tests	\$ _____
	(Describe below)	\$ _____
		\$ _____
		\$ _____

Volume 3 - PRICE PROPOSAL

This volume shall contain your proposed prices for furnishing the services called for herein. Prices, which will remain firm for the initial performance period and both renewal periods, must be offered for each line item listed in PART II - Schedule of Items.

For the purposes of evaluation and award only, the following method will be used to determine and rank all offerors' price proposals.

Price Evaluation Methodology

The price evaluation will be based upon a theoretical population of _____ persons who will be eligible for these services. The following estimates of the number of persons per line item per year will be used:

<u>Line Item</u>	<u>Description</u>	<u>1st Year</u>	<u>Estimates</u> <u>2nd Year</u>	<u>3rd Year</u>
01	Physical Examination	_____	_____	_____
02	General Laboratory Tests	_____	_____	_____
03	Chest X-ray	_____	_____	_____
04	Spirometry (lung function)	_____	_____	_____
05	*Cholinesterase Determination	_____	_____	_____
06	Specific Cancer Screening Tests:			
	A) Sputum cytology	_____	_____	_____
	B) Urinary sediment cytology	_____	_____	_____
07	Audiometric Examination	_____	_____	_____
		\$ _____	\$ _____	\$ _____

*This figure is disproportionately high since this test may be repeated several times a year.

The estimated quantity for each line item will be multiplied by the corresponding unit price for that year. The total evaluated price for the initial period of performance (1st year) will be added to the total evaluated price for the two renewal-option periods (2nd year and 3rd year) to determine the total evaluated price.

The lowest total evaluated price will be assigned __ points. Points for all other offers will be calculated as follows:

$$\frac{(\text{Lowest Total Evaluated Price})}{(\text{Offerors' Total Evaluated Price})} \times _ = \text{Number of points to be assigned}$$

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM

(Please PRINT all entries.)

INSTRUCTIONS —

- This form is to be submitted to all authorized employees.
- Authorized employees — Read the Privacy Act Notification and sign the applicable line below.
- Participating employees should receive Forms ARS-182B and C.
- Forward completed Form ARS-182A for *participating and non-participating* authorized employees to the Occupational Medical Contractor.

NAME OF EMPLOYEE (Last, first, middle)

SOCIAL SECURITY NO.

TITLE, SERIES, GRADE & STEP

FACILITY ADDRESS

MODE CODE (Levels 4-8)

4 5 6

PRIVACY ACT NOTIFICATION

Participation in this program will require that you provide personal biographical and medical information to professional medical personnel. The Privacy Act of 1974, therefore, requires that you be given the following information about the program before you decide whether or not to participate.

AUTHORITY — We are authorized by the Occupational Safety and Health Act of 1970 and by 5 USC 301 to obtain personal information from participants in the program. While we believe it to be in your interest to participate, it is not required that you do so.

PURPOSE — The program is designed to protect Agency employees from potential hazards in their work environment and to reduce these hazards. Medical records maintained will document health status, changes in physical conditions through the years, and provide an account of any care rendered, advice given, and consultations recommended. The limited physical examination and laboratory tests provided by this program are not intended to substitute for the care provided by your personal physician.

ROUTINE USES — The information may be disclosed to authorized medical professionals to determine unusual susceptibility to illness or injury from exposures in the work environment, to determine medical suitability of assignments, to permit identification of potentially harmful effects of toxicants used, and to provide medical treatment and advice. It may be disclosed to appropriate public health agencies to conduct epidemiologic studies and research.

EFFECTS OF NON-PARTICIPATION — If you decide not to participate or if you decide to withdraw at some later date, there will be no effect on your job status or rights. We will, however, be unable to monitor your physical condition and will be unable to advise you with regard to any dangerous trends which may develop. If you choose to participate but later decline to provide the examining physician some pertinent piece of personal information, the adequacy of the protection you receive from the program will be reduced.

Participation in the Occupational Health Maintenance Program is voluntary.

I wish to participate.

(Signature)

(Mo.) (Day) (Yr.)

(Date)

I do not wish to participate.

(Signature)

(Mo.) (Day) (Yr.)

(Date)

Form ARS-182A (8/82)

USDA

Occupational Medical
Contractor's Copy

[illegible]

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
OCCUPATIONAL/MEDICAL QUESTIONNAIRE

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM OCCUPATIONAL/MEDICAL QUESTIONNAIRE			
EMPLOYEE'S LAST NAME		DEMOGRAPHIC INFORMATION	
FIRST NAME		MIDDLE NAME	
SOCIAL SECURITY NO.		DATE OF BIRTH	
SEX		Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	
RACE		MARITAL STATUS	
Black/Negro <input type="checkbox"/> 1	American Indian <input type="checkbox"/> 5	Single/never married <input type="checkbox"/> 1	Divorced <input type="checkbox"/> 4
White/Caucasian <input type="checkbox"/> 2	Other <input type="checkbox"/> 6	Married/living together <input type="checkbox"/> 2	Widowed <input type="checkbox"/> 5
Hispanic/Spanish surname <input type="checkbox"/> 3	Specify: _____	Separated <input type="checkbox"/> 3	
Oriental <input type="checkbox"/> 4			
EMPLOYEE'S HOME ADDRESS			
STREET		APARTMENT NO.	
CITY		STATE ZIP CODE	
EMPLOYEE'S PHYSICIAN			
LAST NAME		OFFICE TELEPHONE (Include Area Code)	
STREET ADDRESS		SUITE NO.	
CITY		STATE ZIP CODE	
EMPLOYEE'S CURRENT JOB			
LOCATION, CITY		STATE ZIP CODE	
REGULAR WORKPLACE (Building & Room No.)		JOB SERIES	
JOB TITLE		YEARS IN PRESENT JOB	

Have you ever been a resident outside the United States?

No ☐ 1 Yes ☐ 2

If yes, please list the location(s) and the date(s)

1.

2.

3.

4.

5.

6.

Start with the job you held before this one, and list all the jobs you ever had. Include military service and any part-time jobs.

[illegible]

SOCIAL
SECURITY NO.OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
RECREATIONAL HISTORY

(Please print)

Do you now or have you in the past, done any of the following as a hobby or during your spare time?

CHECK UP TO TWO FOR EACH	NO	PREV-IOUSLY	CUR-RENTLY
Auto mechanic work			
Auto body work			
Been exposed to rubber cement for extended periods of time			
Carpentry			
Ceramics			
Etching/metal work/jewelry/metal sculpture			
Furniture refinishing			
House painting			
Lawn/Garden maintenance or farming			
Make your own cartridges/salvage spent cartridges			
Make your own fishing sinkers			
Oil painting			
Pottery			
Recreational hunting/shooting			

Do you now or have you in the past, come into contact with any of the following during your spare time?

CHECK UP TO TWO FOR EACH	NO	PREV-IOUSLY	CUR-RENTLY
Acids			
Bonding agents or industrial glues			
Cleaning fluids			
Fertilizers			
Gasoline or other petroleum products			
Herbicides or weed killers			
Insecticides/pesticides			
Insulation material			
Laquer, varnish or enamel paints			
Leather dyes			
Paint thinners and removers			
Soldering agents			
Solvents/degreasers			
Wood stains			

In your work are you now or have you been exposed to any of the following agents?

	PRE-SENT	PAST		PRE-SENT	PAST		PRE-SENT	PAST
Inorganic flourides			Excessive noise			Asbestos		
Lead			Nitrogen oxides			Suspect or known carcinogens		
Benzene			Crystalline silica			Pesticides		
Coke oven emissions			Nitric acid			Bacteria or viruses		
Inorganic arsenic			Ammonia			Primate animals		
Methylene chloride			Beryllium			Vibrating tools		
Vinyl chloride			Phosgene			Radiation (Ionizing)		
Toluene diisocyanate			Allyl chloride			Radiation (Non-Ionizing)		

Please make a list of those substances that you handle in your work. Star those that particularly concern you from a health standpoint.

Indicate any symptoms that you've experienced that might be due to exposure at work and indicate the suspected cause.

SYMPTOM:	CAUSE:

Have you experienced any job related illnesses or injuries since being employed by the USDA? No ☐ 1 Yes ☐ 2

IF YES, GIVE DETAILS AND

MONTH AND YEAR

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM

Smoking History

CIGARETTES: Have you ever smoked cigarettes regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

("No" means never smoked, or smoked less than 20 packs of cigarettes or 12 oz's. of tobacco in life-time, or less than 1 cigarette a day for one year.)

- a. How old were you when you started smoking cigarettes regularly? Years
- b. Do you still smoke cigarettes? No ☐ 1 Yes ☐ 2
If yes, how many cigarettes do you now smoke per day? Cig./day
- c. If you've stopped smoking cigarettes, how old were you when you stopped? Years
- d. On the average, of the entire time you've smoked, how many cigarettes did you smoke per day? Cig./day
- e. Do, or did you inhale the cigarette smoke? No ☐ 1 Yes ☐ 2

PIPES: Have you ever smoked a pipe regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

("No" means never smoked, or smoked no more than 12 oz's. of pipe tobacco in your life-time.)

- a. How old were you when you started smoking pipes regularly? Years
- b. Do you still smoke pipes? No ☐ 1 Yes ☐ 2
If yes, how many ounces of pipe tobacco do you smoke per week? Oz's./week
- c. If you've stopped smoking a pipe, how old were you when you stopped? Years
- d. On the average, of the entire time you've smoked, how many ounces of tobacco did you smoke per day? Oz's./day
- e. Do, or did you inhale the pipe smoke? No ☐ 1 Yes ☐ 2

CIGARS: Have you ever smoked cigars regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

("No" means never smoked, or smoked no more than 1 cigar a week for 1 entire year.)

- a. How old were you when you started smoking cigars regularly? Years
- b. Do you still smoke cigars? No ☐ 1 Yes ☐ 2
If yes, how many cigars do you now smoke per day? Cigars/day
- c. If you've stopped smoking cigars, how old were you when you stopped? Years
- d. On the average, of the entire time you've smoked cigars, how many cigars did you smoke per day? Cigars/day
- e. Do, or did you inhale the cigar smoke? No ☐ 1 Yes ☐ 2

TOBACCO CHEWING: Have you ever chewed tobacco regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

- a. How old were you when you started chewing tobacco regularly? Years
- b. Do you still chew tobacco? No ☐ 1 Yes ☐ 2
- c. If you've stopped chewing tobacco, how old were you when you stopped? Years

SNUFF: Have you ever used snuff regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

- a. How old were you when you started using snuff regularly? Years
- b. Do you still use snuff? No ☐ 1 Yes ☐ 2
- c. If you've stopped using snuff, how old were you when you stopped? Years

Life-style History

ALCOHOLIC BEVERAGES: Do you now or have you ever drunk alcoholic beverages (such as wine, beer, or hard liquor) regularly?

No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

- a. Which of the following do you regularly drink? (Check all that apply.)
☐ Wine
☐ Beer
☐ Liquor
- b. Have you stopped drinking regularly? No ☐ 1 Yes ☐ 2
If yes, how many years ago did you stop? Years
- c. How much do (did) you drink on an average day or in an average week?
Less than 1 drink per day, or less than 7 drinks per week. ☐ 1
1 to 2 drinks per day, or 7 to 17 drinks per week. ☐ 2
3 to 4 drinks per day, or 18 to 31 drinks per week. ☐ 3
5 or more drinks per day, or more than 31 drinks per week. ☐ 4

EXERCISE:

- a. Do you get exercise on a regular basis? No ☐ 1 Yes ☐ 2
- b. If yes, how many days per week? Days/wk.
- c. How many minutes do you exercise? Min.
- d. Describe the kind of exercise you get; _____

DIET:

- a. Do you drink more than two cups of coffee or tea a day? No ☐ 1 Yes ☐ 2
- b. Do you restrict your diet? (If yes, which of the following items do you restrict?) No ☐ 1 Yes ☐ 2
☐ Meat ☐ Sodium or Salt
☐ Sugar ☐ Foods high in cholesterol
☐ Other (describe): _____

- c. How many years have you been restricting your diet? Years

- d. Why are you restricting your diet?

☐ Religious reasons ☐ Medical reasons

☐ Other (describe): _____

SOCIAL
SECURITY NO.OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
MEDICAL HISTORY**CARDIOVASCULAR:** Have you ever had or do you now have any of the following illnesses or problems with your heart or blood vessels?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Heart Attack		
Angina Pectoris		
Heart Murmur		
Enlarged Heart		
Stroke		
High Blood Pressure		
Other problems with blood pressure		
Episodes of chest pains, tightness, discomfort		
Rheumatic Heart Disease		
Arteriosclerosis		
Varicose Veins		
Other (specify):		

Have you ever had heart surgery? (If yes, describe):

RESPIRATORY ILLNESS/CONDITIONS: Have you had or do you now have any of the following illnesses or problems with your lungs?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Frequent Colds		
Coughed up Blood		
Chronic Cough		
Lung or Breathing difficulties or Shortness of Breath		
Asthma		
Emphysema		
Pneumonia		
Tuberculosis		
Bronchitis		
Pleurisy		
Other (specify):		

Have you ever had surgery on your lungs?
(If yes, describe):

Have you ever had or do you now have any of the following problems with your mouth, nose or throat?

No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Nasal passages frequently irritated		
Nose Bleeds often		
Throat is often irritated		
Voice is hoarse when you don't have a cold		
Mouth/Gums frequently have sores/ulcers		
Gums shrinking, irritated or bleeding		
Other (specify):		

ENDOCRINE: Have you ever had or do you now have any of the following illnesses or conditions?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Hypoglycemia		
Diabetes		
Goiter		
Thyroid disease or disorder		
Swollen glands or nodes		
Pancreatitis		
Other gland problems (specify):		

DIGESTIVE SYSTEM: Have you ever had or do you now have any of the following illnesses or problems with your digestive system?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Blood in stool		
Stomach or Duodenal Ulcer		
Appendicitis		
Nervous stomach		
Colitis		
Frequent constipation		
Frequent diarrhea		
Frequent indigestion		
Stomach pain		
Hiatal hernia or rupture		
Diverticulitis		
Hemorrhoids or piles		
Other (specify):		

Have you ever had surgery on your digestive system?
(If yes, describe):**LIVER & SPLEEN:** Have you ever or do you now have any of the following illnesses or problems with your liver, spleen, or gallbladder?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Cirrhosis of the liver		
Hepatitis		
Jaundice		
Gallbladder disease		
Gallbladder stones		
Injury to your spleen		
Other (specify):		

Have you ever had surgery on your liver or spleen?
(If yes, describe):**KIDNEYS/URINARY TRACT:** Have you ever had or do you now have any of the following illnesses or problems with your kidneys or urinary tract?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

	NO 1	YES 2
Blood in urine		
Pain or burning when urinating		
Kidney disease		
Kidney infection		
Kidney stones		
Nephritis (Bright's Disease)		
Bladder infection		
Prostate gland enlargement/infection (Males only)		
Tumor in urinary tract		
Other (specify):		

Have you ever had surgery on your kidneys or urinary tract?
(If yes, describe):

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
MEDICAL HISTORY (Cont.)**REPRODUCTIVE SYSTEM:** Have you ever had any children (excluding adopted/foster children)?No ☐ 1 Yes ☐ 2 (If yes, please answer the following questions.)

How many children do you have?

NO
1 YES
2

Did any children have birth defects?

Did any children die before 1 month of age?

Did any pregnancy end by miscarriage?

Were any children born dead (stillborn)?

Have you had surgery on any part of your reproductive system?
(If yes, describe):**Females only --**

Have you had any unusual discharge or bleeding during the past three months?

Have you reached menopause?

Are you pregnant at this time?

Males only --

Have you ever had prostate trouble?

Have you ever had a cyst or tumor of your testicles?

NERVOUS SYSTEM: Have you ever had or do you now have any of the following illnesses or problems with your nervous system?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

Frequent headaches

Migraine headaches

Epilepsy, convulsions, seizures

Nervous breakdown

Depression/Excessive worry

Loss of memory (Amnesia)

Nervousness

Tremor of the hands or head

Palsy or tremors

Severe head injury

Neuritis

Paralysis of any type

Other problems (specify):

BLOOD: Have you ever had or do you now have any of the following blood diseases or problems?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

Anemia

Low hemoglobin

Bleeding disorder

Leukemia

Sickle cell disease or trait

Phlebitis

Other (specify):

Have you ever had a blood transfusion?

BONES AND JOINTS: Have you ever had or do you now have any of the following problems with your bones or joints?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

Arthritis or Rheumatism

Gout

Joint pains

Bone infections

Bursitis or tendonitis

Backache, back trouble, sciatica

Foot trouble, flat feet or fallen arches

"Trick", "locked", or "loose" knee

Back injury or herniated disk

Painful or trick shoulder

Swollen or painful joints

Other problems with your bones or joints (If yes, describe):

Have you had surgery (including setting of broken bones) on any of your bones or joints?
(If yes, describe):**SKIN:** Have you ever had or do you now have any of the following skin problems?No ☐ 1 Yes ☐ 2 (If yes, was/is the problem):

Hives

Eczema

Psoriasis

Rash on elbows, knees, or scalp

Rash other than on elbows, knees, or scalp

Severe stubborn dandruff

Small itching blisters on the sides of your fingers or palms

Excessive sweating on palms, soles, or armpits

Sores that do not heal

Moles that bleed or get larger

Change in color of skin (other than suntan)

New growth on skin

Other (If yes, describe):

ALLERGIES: Have you ever had or do you now have any allergies?No ☐ 1 Yes ☐ 2 (If yes, were/are the allergies to):

Medications (If yes, please list):

Food

Soaps or detergents

Chromium

Nickel

Rubber

Epoxy resins

Plants (e.g., poison ivy, etc.)

Pollen

Insect stings

Bee stings

(NOTE: This section continues at top of next page.)

SOCIAL
SECURITY NO.OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
MEDICAL HISTORY (Cont.)

ALLERGIES (Continued)

House dust

Animal dander, feathers, or fur

Sunlight or cold

Other (If yes, please list):

Do you react with:

Rash

Hives

Hayfever symptoms

Breathing difficulty

Other (If yes, describe):

EARS: Have you ever had or do you now have any of the following problems with your ears or your hearing?

No ☐ 1 Yes ☐ 2 (If yes, was / is the problem):

Difficulty in hearing

Tinnitus (ringing/buzzing) in right ear
in left ear

Nasal allergy

Vertigo (dizziness)

Perforation of the ear drum

Ear drainage (caused by infection or injury)

High fever

Infection of inner ear

Hearing loss by blood relatives (such as grandparents, parents, aunts, uncles, brothers, or sisters) before they reached the age of 60

Other problems with your ears (If yes, describe):

EYES: Have you ever had or do you now have any of the following problems with your eyes or vision?

No ☐ 1 Yes ☐ 2 (If yes, was / is the problem):

Glaucoma

Cataracts

Conjunctivitis (pink eye)

Blurring of eyesight

Vision getting worse

Seeing double

Seeing halos around lights

Pain in the eyeball

Eyes are often bloodshot

Right eye ☐ Injured (e.g., scratched, burned, cut, etc.)

Left eye

Right eye ☐ Foreign object accidentally embedded in the eye

Left eye

Other (If yes, describe):

Do you wear glasses?

Do you wear contact lenses?

CANCER: Have you ever had or do you now have cancer?

No ☐ 1 Yes ☐ 2 (If yes, what kind of cancer did / do you have?):

What type of treatment did you receive? (Check all that apply.)

☐ Surgery☐ Immunotherapy☐ Radiation or Cobalt therapy☐ Hormone therapy☐ Chemotherapy☐ None☐ Other (specify):

INFECTIOUS/CHILDHOOD DISEASES: Have you had or do you now have:

Mononucleosis

Meningitis

Malaria

Polio

Rheumatic fever

Scarlet fever

Mumps

Measles

Chicken pox

German measles

Tonsillitis

Gonorrhea

Syphilis

FAMILY HISTORY: Have any of your blood relatives, (parents, grandparents, brothers, sisters, aunts, uncles, or children) had any of the following illnesses or conditions?

No ☐ 1 Yes ☐ 2 (If yes, was / is the problem):

Anemia

Alcoholism

Allergies or Hayfever

Arthritis

Asthma

Bleeding disorders (free bleeder)

Breast cancer

Cervical cancer

Chronic bronchitis

Congenital malformations (birth defect)

Diabetes (sugar)

Digestive or bowel disease

Eczema

Emphysema

Epilepsy

Glaucoma

Gout

Hayfever

Heart attack

Heart disease

High blood pressure

Kidney or bladder disease

Kidney stones

Liver or gallbladder disease

Lung cancer

(This section continues on the next page.)

ARS-102C (page 7)

USDA

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM
MEDICAL HISTORY (Cont.)

FAMILY HISTORY (Continued)

	NO	YES
	1	2
Mental illness		
Mental retardation		
Nervous system disease		
Psoriasis		
Sickle cell disease or trait		
Stroke		
Thyroid disease		
Tuberculosis (T.B.)		
Ulcer (stomach, duodenal, peptic)		
Other cancers or leukemia		

Is your mother still living?

If not, please give age at death:

____ Years

and cause of death: _____

Is your father still living?

If not, please give age at death:

____ Years

and cause of death: _____

Are you aware of any disease or illnesses that run in your family?

(If yes, please list below):

NO	YES
1	2

IMMUNIZATIONS, VACCINES, ANTITOXINS: If you have received any of the following, check the appropriate box(es) and give the approximate dates, if known.

(Mo.) (Day) (Yr.)

<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Poliomyelitis	_____
<input type="checkbox"/> Influenza	_____
<input type="checkbox"/> Typhoid	_____
<input type="checkbox"/> Diphtheria	_____
<input type="checkbox"/> Rabies	_____
<input type="checkbox"/> Rubella (German measles)	_____
<input type="checkbox"/> Measles (Rubeola or red measles)	_____
<input type="checkbox"/> BCG	_____
<input type="checkbox"/> Yellow fever	_____
<input type="checkbox"/> Smallpox	_____
<input type="checkbox"/> RhoGAM (Rh immune globulin)	_____
<input type="checkbox"/> Immune serum globulin for hepatitis	_____
<input type="checkbox"/> Others (please list): _____	_____
<input type="checkbox"/> Mantoux, patch test, or other skin test for tuberculosis	_____
Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____

MEDICATIONS: Have you taken any of the following medications in the last month?

No ☐ 1 Yes ☐ 2 (If yes, was the medication):

	NO	YES
	1	2
Antacids		
Antibiotics (e.g., penicillin, ampicillin, tetracycline)		
Antihistamines		
Aspirin		
Benzedrine / Dexedrine		
Birth control pills		
Blood thinners (anti-coagulants)		
Codeine		
Cortisone or other steroids		
Diet Pills		
Digitals or other heart pills		
Diuretic or water pills		
Hormones		
Insulin or oral anti-diabetic drugs		
Iron pills		
Laxatives		
Morphine		
Nitroglycerine		
Pain killers (aspirin, empirin, anacin, bufferin, etc.)		
Pep pills or Mood elevators		
Pills to lower your blood pressure		
Sleeping pills		
Sulfa preparations		
Thyroid medication		
Tranquilizers, sedatives, or nerve pills		
Vitamins		
Others		

HISTORY OF HOSPITALIZATION: Have you ever been hospitalized?

No ☐ 1 Yes ☐ 2 (If yes, list reason(s) and date(s) of hospitalization.)Do you have any problems you would like to discuss with the doctor?
(If yes, please list them): _____

QUESTIONNAIRE COMPLETED

____	____	____
(Mo.)	(Day)	(Yr.)

OCCUPATIONAL HEALTH MAINTENANCE PROGRAM PHYSICAL EXAMINATION FORM		EMPLOYER United States Department of Agriculture	
EMPLOYEE'S LAST NAME		FIRST NAME	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
SOCIAL SECURITY NO.			
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
HEIGHT	WEIGHT	PULSE	BLOOD PRESSURE
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Inches	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Pounds	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Beats/Min.	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> / <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
INSTRUCTIONS: Place an "X" in the appropriate box. Comment on all abnormal findings.			
General	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Skin	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Lymph Nodes	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
HEENT	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Neck	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Breasts	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Lungs	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Heart	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Abdomen	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Back	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Extremities	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Genital	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Rectal	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
Neurological	Normal <input type="checkbox"/> 1	Abnormal <input type="checkbox"/> 2	
IMPRESSIONS			Do Not Write In This Section (For Contractor Use Only)
1.			
2.			
3.			
4.			
5.			
6.			
SIGNATURE OF EXAMINING PHYSICIAN			DATE (Mo., Day, Yr.)
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>			<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

Form ARS-182D (8/82)

USDA

Occupational Medical Contractor's Copy





R0000 428949



R0000 428949